THE LANCET.

VOL. II.] LONDON, SATURDAY, JULY 27, 1833. [1832-33.

ANALYSIS OF *VELPEAU'S NEW ELEMENTS* OF OPERATIVE MEDICINE.

LIGATURE OF ARTERIES.

CONTINUING our analysis, we proceed with the ligature of arteries, and shall now describe those of the thoracic extremity, the neck and head, proceeding, as before, in their surgical or practical order.

A.—ARTERIES OF THE HAND.

Anatomical Remarks.—The radial palmar arch, extended in the form of the segment of a circle, with its convexity anterior, from the origin of the first interosseous space to the hypothenar eminence, where it is completed by the ulnar artery, placed between the muscles, the metacarpal bones posteriorly, the flexors of the fingers and other soft parts of the palm anteriorly, is too deeply situated to require more minute study as to its aneurismal affections. The ulnar or superficial arch represents rather exactly the direction of a curved line about fifteen lines deep, and the extremities of which would fall on the pisiform and trapezius bones. Covered near its root by some fibres of the muscles of the little-finger, by the palmar aponeurosis in the middle, then by the subcutaneous cellular layer in its whole extent; it supplies from its convexity the collateral arteries of almost all the fingers. The branches of the median nerve, the tendons of the superficial and deep muscles, the lumbricales, and a very loose synovial membrane, separate this from the deep-seated arch with which it communicates, by means of the anterior branch of the radial artery, a collateral of the thumb, and the deep branch of the ulnar artery.

Operation.—There is no difficulty in reaching the superficial palmar arch near its root, by commencing, on the radial side of the pisiform bone, an incision which is then prolonged for about an inch in the direction of the last metacarpal space. In these incisions the skin, its filamentous lining, a thin aponeurosis, and some fleshy fibres, are successively divided.

It is equally easy to tie the origin of the deep arch, on the back of the hand. The termination of the radial artery is situated at the bottom of the chink which separates the posterior extremities of the two first metacarpal bones. A fibrous layer separates it from the tendons of the thumb, the cephalic vein, and the skin. The thumb and index-finger should be extended, and held widely apart, so that the operator should not be embarrassed by their dorsal tendons. An oblique incision an inch and a half long is then made, three lines from the ulnar edge, and in the direction of the long extensor of the thumb. Beneath the skin is seen one of the great metacarpal veins, and one of the branches of the radial nerve. If pressing them aside do not suffice, they should be cut across. The artery is still beneath the aponeurosis, which should be divided on the conductor. Lastly, in isolating the vessel with the tip of the conductor, the operator should not forget the close vicinity of the carpo-metacarpal articulation.

B.—ARTERIES OF THE FORE-ARM.

Anatomical Remarks.—At the fore-arm the *posterior interosseous* artery distributed between the two corresponding layers of muscle, and the *anterior interosseous*, accompanied by its nerve, and resting on the ligament of the same name, are too deeply seated to require ligature. The radial and ulnar are consequently the vessels which exclusively demand our attention at present.

1st. In *its lower third*, the *radial* artery, placed in the cleft which separates the tendons of the anterior radial and long supinator muscles, is covered only by a single aponeurotic layer, the subcutaneous stratum, and the skin. One or two veins run by its side; the nerve is some lines external, and the vessel itself lies quite

close to the anterior surface of the radius. *Higher* up in the arm the relations of this artery are more complicated. Supported on the pronator teres, or on the radial portion of the flexor sublimis, where it is fixed by a fibrous layer, and concealed by the inner edge of the long supinator, it is also separated from the skin, as, lower down, by the antebrachial aponeurosis and superficial layer. In its entire extent its course is indicated by a line drawn from the middle of the elbow to the base of the styloid process. Sometimes it lies immediately beneath the skin, but more frequently it turns back on the external surface of the radius in the middle length, while in other cases, its principal branch remains before, and proceeds almost exclusively to form the superficial palmar arch.

The *ulnar artery*, hidden superiorly by the entire substance of the superficial muscular layer, is, for this reason, subjected to surgical operations only in its three lower fourths, where it is found on the deep flexor, between the flexor sublimis and the anterior ulnar muscles. The vein is external, the nerve internal. A first aponeurosis, the ulnar muscle or its tendon, a second fibrous layer, and the fatty stratum, separate it from the skin. A line drawn from the inner condyle of the humerus, to the radial edge of the pisiform bone, corresponds with the two inferior thirds of this artery. The upper third is traced by a line drawn from the middle of the elbow to the commencement of the middle third of the arm.

Anomalies of distribution are frequent. It often occurs between the aponeurosis and the skin, either for a part or in the whole of its course. In other cases, it is between the aponeurosis and muscles. In some cases it remains almost in the centre of the arm till it reaches the wrist.

Operations.—1st. *Radial above the wrist.* The hand should be placed in supination. The surgeon, placed at the outer side, makes an incision of from one to two inches in the integuments, in the direction of the artery, taking care not to go too deeply at first. He then divides the aponeurosis on a grooved director. The artery is then found, and is too far from the nerve or vein to render it of any consequence at which side the ligature is introduced.

2nd. *Ulnar above the Wrist.*—Position as before; incision of same extent and direction. It must not descend as far as the joint, and it is made on the radial edge of the flexor carpi ulnaris. Having divided the skin, the stratum of fat, the thin fibrous layer covering the tendon of the anterior cubital muscle, and having pushed this tendon aside and externally, the artery is seen through a second aponeurosis, attached to the radial edge, and a little anterior to the ulnar nerve.

3rd. *Radial in the upper third of the Arm.*—The incision should be two inches long at least; rather oblique from within outwards, to correspond with the course of the artery. If the superficial radial vein, or the common median, presents itself beneath the skin, it is turned aside with a probe. It is better to be a few lines to the outer than at all to the inner side of the edge of the supinator longus. A layer of aponeurosis is first to be divided; then the fleshy fibres of the muscles moved a little outwards; a second layer is seen beneath, which is divided on the sound, and then the artery is readily seized.

4th. *Ulnar in the upper third of the Forearm.*—The ligature of this artery in this position is generally considered the most difficult of all the arteries of the arm, a circumstance solely dependent on the vagueness of the rules advanced by authors on the subject. The following method will never fail to indicate readily where the vessel is to be found, at any rate in the dead body.

Make an incision three inches long, commencing three fingers breadth, from the trochlea of the humerus, and descending to the middle of the forearm in the line before described. (See anatomical remarks.) *This incision should only divide the skin.* When the aponeurosis is laid bare, the interstice is to be sought for, which separates the flexor carpi ulnaris and the flexor of the little-finger. With this view draw the inner edge of the wound towards the ulnar side of the limb. Returning, then, towards the median line, the first yellowish or greyish trace of some thickness which is observed indicates precisely the interstice sought for. *Now cut the aponeurosis* on the outer edge of this line, and to the same extent as the first incision. Separate the muscles then with the index-finger, and at the bottom of the wound is seen a white thick chord. This is the ulnar nerve, and the artery is at its radial side. To secure it, it is not necessary even to see it, as it is with certainty lifted up by introducing the end of the director between it and the nerve.

C.—ARTERIES OF THE ELBOW.

At the fold of the arm the humeral artery usually ends in the radial and cubital branches, some varieties existing in the point of bifurcation. As it descends, it follows an oblique direction from within outwards, is placed on the inner part of the brachialis anticus, and, inferiorly,

crosses the anterior surface of the bicipital tendon. The deep vein runs at its radial side; the median nerve sometimes touches its cubital edge, or is separated from this by a fasciculus of the biceps muscle. A cellular sheath encloses it and the vein. Crossed by the fibrous extension of the biceps, then covered by the regional aponeurosis, it has before it, first, the trunk of the basilic vein, then the corresponding median veins, the branches of the internal cutaneous nerve, the cellulo-adipose layer, and the skin.

Operation.—Position as before; incision three inches long. Parallel to the radial edge of the pronator teres, commencing an inch above the joint, and ending in the centre of the fold of the arm. Beneath the skin are the superficial veins, and the branches of the internal cutaneous nerve, which are held aside with a curved director or blunt hook. If very troublesome, they may be divided with or without ligature, as their size requires. The aponeurosis is next to be divided on the grooved director, and also the bicipital layer. The extremity of a director is now passed between the artery and the median nerve, and the ligature applied, with the precaution of pushing the deep-seated veins aside with the nail.

D.—BRACHIAL ARTERY.

Anatomical Remarks.—The course of this artery is indicated by an oblique line drawn from the hollow of the axilla to the middle of the fold of the arm. The median nerve, which lies close to its radial edge superiorly, soon covers its cutaneous surface, which it crosses very obliquely, to place itself altogether on the ulnar side below. There are two accompanying veins. The ulnar and internal cutaneous nerves, close to it above, separate from it as they descend, and proceed to the inner part of the forearm. Applied against the humerus, between the coraco-brachialis and tendon of the latissimus dorsi above, it soon arrives on the brachialis anticus behind the biceps. An aponeurosis involves it in common with the median nerve and the collateral vein, and the entire is covered by the common integuments above, and the trunk of the basilic vein below. The anomalies of this vessel are important and well known, but as they lead to no surgical rule, need not be dwelt on here.

Operation.—Position as before. Incision two to three inches long, in the direction of the line above described. The median nerve is sought for by the index-finger, and felt as a hard round chord. The aponeurosis and sheath are then divided, the vessels and nerves separated with the director, and the ligature is applied. This operation is never difficult while the vessels preserve their normal distribution.

E.—AXILLARY ARTERY.

Anatomical Remarks.—We here only take into consideration that part of the brachial trunk between the clavicle and the origin of the humeral artery.

In the hollow of the axilla, this vessel is separated from the skin only by the two roots of the median nerve,—this nerve itself, the axillary vein, a layer of adipose tissue, the aponeurosis, and a second cellular layer. The roots of the thoracic subscapular veins, &c., cross it in different directions. The other nerves of the brachial plexus, at first placed before it, soon pass behind, to gain the ulnar edge of the arm. Externally, it rests on the tendon of the sub-scapularis, and the scapulo-humeral articulation, the head and neck of the humerus, between the tendon of the teres major behind, and the pectoralis minor or coraco-brachialis before.

Considered in its relations to the anterior part of the axilla, it is much further from the skin, and should be studied both above and below the pectoralis minor, which crosses the space two or three inches before the clavicle, thus forming two triangular spaces. The upper or clavi-pectoral, bounded below by the edge of the muscle, above by the clavicle, and externally by the coracoid process, is the more remarkable of the two. A fibro-cellular web, sometimes of dense structure (the coraco-clavicular aponeurosis), separates this space from the great pectoral muscle. Beneath it are the nervous and vascular plexuses. The vein is internal, the anterior root of the median nerve external, the artery being behind and between both the vein and nerve. In arriving at the top of the triangle, the cephalic vein, and those of the tip of the shoulder, empty themselves into the axillary vein below the clavicle, and thus cross its anterior surface. It is here, too, that the axillary artery gives off the acromial and external thoracic, before dipping under the lesser pectoral muscle.

The second triangle, bounded by the lower edge of the lesser pectoral above, the upper fourth of the humerus externally, and the anterior edge of the axilla below, is entirely covered by the great pectoral muscle. Here the median vein is anterior, the ulnar external, the radial posterior, and the vein on the inner side; so that the vessel is enveloped in these organs, and is, moreover, surrounded, in common with them, by a cellulo-fibrous sheath. The subscapular thoracic, and

even the basilic vein, sometimes increase the complexity of these relations. Lastly, cellular substance, the great pectoral, a layer of cellular matter, the subcutaneous substance, and the skin, complete the coverings of the space.

Operation.—1st. *In the Hollow of the Axilla.*—Lisfranc's method is the best here. The patient placed on his back, the limb held as far as possible from the body, an incision is made, three inches long, parallel to the vessel, and a little nearer to the anterior than to the posterior wall of the axilla. The skin, cellular substance, filamentous aponeurosis, being consecutively divided with the bistoury and conductor, the rest of the operation is accomplished with the probe. With this you push the median nerve outwards and forwards, glide behind the artery to separate it from the radial and ulnar nerves, and lift it up a little, in order to free it from the vein, which is held backwards and inwards by the nail of the index-finger, or of the thumb of the operator's left-hand.

We pass over the processes recommended by MM. Dessault, Keate, Chamberlayne, and Hodgson, for the operation in the clavi-pectoral region, restricting ourselves to that of M. Velpeau, which, at least on the dead body, we have found to be far superior to all the others.

2nd. The limb is at first slightly held apart from the trunk, and the shoulder pressed a little backwards. The surgeon, standing between the arm and the breast, commences the incision two fingers breadth external to the sterno-clavicular articulation, and prolongs it to below the coracoid process in the direction of the fibres of the great pectoral, taking care to stop at some lines from the deltoid interstice. Should any small artery present itself now, it is to be tied. The fibres of the pectoral muscle are then separated, rather than cut, with the bistoury, and in the same direction. A yellowish trace next shows that the muscle is traversed, and at this moment the position of the arm is changed so as to relax the muscle. The probe is now to replace the bistoury. The fatty and cellular layer is torn through, as well as the coraco-clavicular aponeurosis, while the left index-finger, bent as a hook, depresses forcibly the upper edge of the lesser pectoral muscle. The vein is now seen, as well as the first branch of the brachial plexus. To reach the artery the probe is introduced at the external side of the vein, which is pressed toward the thorax. The end of the instrument is then *gently* urged in a perpendicular direction for about half an ich. By elevating the point now from behind forwards, and from within outwards, it never fails to bring up the artery, which is separated from the nerve with the finger.

With these precautions, and by observing to the letter every rule thus laid down, the artery is secured without difficulty, and the secondary vessels and nervous chords are certainly and easily avoided.

F.—SUBCLAVIAN ARTERY.

Several authors have described the *axillary* artery as consisting of two portions; one, that which we have just examined, situated below the clavicle, the second placed between this bone and the scaleni muscles. This is an unjustifiable abuse of anatomical language. The axillary artery is placed in the axilla alone. Until it reaches that region it is the subclavian, and as such we shall consider it here.

Anatomical Remarks.—1st. Within the scaleni, the subclavian is, at the right side, extremely short, owing to the existence of the brachio-cephalic trunk; behind, it corresponds with some filaments of the sympathetic nerve, furnishes the vertebral artery, and is only separated from the triangular space which exists between the longus colli and anterior scalenus, by cellular tissue, lymphatic ganglia, and the origin of the recurrent nerve. The pneumo-gastric-phrenic, the branch of the tri-splanchnic, by which the second and third cervical ganglia communicate, cross its anterior surface, which is afterwards covered by the sterno-thyroid and sterno-hyoid muscles, different cellular folds, the inner edge of the sterno-mastoid, the aponeuroses of the neck, and the common integuments. Below, the recurrent nerve embraces it, and its concavity is only separated from the lungs by the pleura and cellular tissue. In this short course it gives origin to the internal mammary, the thyroid, the cervicales ascendens, the transversales colli, the deep cervical and upper intercostal arteries. At the left side the subclavian extends almost vertically from the arch of the aorta to the edge of the first rib, gradually receding from the common carotid. The pneumo-gastric nerve descends on its inner side; the recurrent does not cross it from behind, for this nerve does not here re-ascend to the trachea until it has turned round the arch of the aorta. The thoracic duct is very close to its posterior surface, and usually turns round it above as it proceeds to empty itself in the subclavian vein. This vein, which is at a considerable distance from the artery, crosses it, nevertheless, at the left side, while at the right the artery is chiefly covered by the termination of the internal jugular.

2nd. When the artery has become horizontal, its relations at both sides are the same. It now lies bare on the first rib. The inferior attachment of the anterior scalenus separates it from the vein, and this from the sternal portion of the sterno-mastoid muscle. All the nerves of the brachial plexus are above and behind, so as to form a kind of grating on the surface of the anterior scalenus, of which the artery constitutes, as it were, the first bar.

3rd. External to the scalenus, the artery corresponds with the subclavicular hollow, rests on the first intercostal space, the second rib, and the first bundle of the serratus major. The vein approaches it and covers it at a little distance from the clavicle, where it receives the subscapular external jugular, and sometimes the acromial veins. The upper edge of the artery is accompanied by the united chords of the last cervical pair and the first dorsal; then, a little further on, by the other branches of the brachial plexus, which soon pass behind, so that the vessel is constantly found in the triangular space which is bounded by the omo-hyoid without the clavicle below, and the anterior scalenus within. In ascending towards the skin, we meet, successively, filamentous, lamellar, and fatty parcels; lymphatic ganglia, small veins, the subscapular and posterior cervical arteries, a very irregular aponeurosis, and, near the sternum, the external root of the sterno-mastoid muscle, the superficial veins, and some scattered fibres of the platysma myoides.

Operation.—The ligature of this artery has been practised in three situations; behind, between, and external to, the scaleni muscles.

Between the Scaleni. M. Dupuytren's Method.—Make an incision on the base of the neck, from the anterior edge of the trapezius to the outer edge of the sterno-mastoid muscle. Feel for the anterior scalenus, introduce a grooved sound between its posterior side and the artery, and divide the muscle. The vessel is now completely isolated.

External to the Scaleni. The patient is placed on his back, the chest rather elevated, the head and neck pressed towards the opposite side, and the shoulder depressed. The integuments are then divided transversely from the outer edge of the sterno-mastoid muscle to the trapezius. The cellular tissue and the platysma are then cut in the same direction, and the external jugular itself, if it cannot be held aside on a blunt hook, is divided between two ligatures. The aponeurosis is next cut through. The cellular tissue, lymphatic ganglia, &c., being separated now by the point of the finger, the root of the scalenus, *and the tubercle on the first rib*, can be felt just behind and below the sterno-mastoid.

The tubercle is a certain guide, for a little outside and behind it the finger touches the vessel. Once found, the eye of the operator is no longer required. The nail applied to the posterior and outer side of the artery serves as a conductor to the bent probe, or whatever other instrument is employed, and by gliding the beak of the instrument from before backwards, and a little from without inwards, it soon gets under the artery, and lifts it up while it is supported by the finger, and prevented from escaping.

Thus performed, the operation presents but little difficulty to any surgeon, even of moderate anatomical acquirements.

ARTERIES OF THE HEAD.

A.—TEMPORAL ARTERY.

This vessel is readily found three lines before the ear, a little above, and on a level with the zygomatic arch. An incision an inch long leads to it amidst the deep layers of the cellular tissue.

B.—FACIAL ARTERY.

This artery is found without difficulty by dividing the skin cautiously on the edge of the lower jaw, and in a horizontal direction from the anterior edge of the masseter to the triangular muscle of the lips.

ARTERIES OF THE NECK.

A.—COMMON CAROTID.

Anatomical Remarks.—In issuing from the chest, this vessel (the common carotid) runs aside of the trachea and œsophagus, which it accompanies to the place of its bifurcation, which is usually opposite the thyro-hyoid space. The jugular vein is attached to its external surface, and even partially hides its anterior aspect. Internally, elastic cellular substance, branches of the recurrent nerve, and of the inferior thyroid artery, separate it from the larynx, trachea, and œsophagus. The thyroid artery below the cardiac branches of the eighth pair, the inner filaments of the sympathetic, all cross more or less obliquely behind, while the pneumogastric and the splanchnic themselves skirt its outer side. A yellowish sheath unites it to the vein, nervous chords, and descendens noni,—resting on the front of the cervical vertebræ, from which it is separated by the longus colli and rectus capitis muscles; covered externally and near its root by the sterno-mastoid, inwards by the outer edges of the sterno-hyoid and

sterno-thyroid; then by the corresponding lobe of the thyroid gland and the large veins of the face and neck; it is, moreover, as if bisected by the omo-hyoid towards the middle of the sub-hyoid region. Two triangular spaces are thus formed. In the lower or omo-tracheal, bounded by the trachea, clavicle, and omo-hyoid, the artery, hidden by the inner root of the sterno-mastoid, is very simple in its relations, but very deeply placed. In the upper triangle, bounded by the omo-hyoid, sterno-mastoid, and the transverse line, which limits the sub-hyoid region above, and the scapulo-hyoid below, the vessel is much more superficial, but it is covered by a plexus of veins. However, the right carotid, shorter than the left, on account of the innominata being considerably nearer the median line, and more superficial throughout, is tied with equal facility in both these triangular spaces.

Operation.—Position, as in the subclavian. An incision, three inches long, is made in the direction of the anterior edge of the sterno-mastoid muscle, commencing on a level with the cricoid cartilage, and ending near the sternum, when we wish to see the artery in the omo-tracheal triangle, but prolonged more upwards and less downwards, when the ligature is to be applied in the omo-hyoid space. A second cut divides the platysma, and lays bare the fibres of the sterno-mastoid. The inner lip of the wound is held towards the median line. The operator holds apart the external lip with the left index and middle fingers, and relaxes the tension of the head and neck, then cuts the fibro-cellular, which extends from the sterno-hyoid and thyroid muscles to the posterior surface of the sterno-mastoid, and before the vessels. The omo-hyoid is now seen, and held aside on a blunt hook. Above and below it are seen the artery, enveloped in their common sheath, the anterior wall of which also contains the descending branch of the ninth pair. The sheath is thus to be opened *opposite the artery, not opposite the vein*, by the point of the conductor, and then slit up for an inch or two. The jugular vein is now compressed at the top of the wound. The probe or needle, held like a writing-pen, is then guided between both vessels. One or two fingers of the opposite hand fix the artery, and hinder its rolling towards the trachea. At length, by gentle pressure, the posterior surface of the artery is surrounded, and the vessel lifted up without touching the pneumogastric, or great sympathetic nerve, or any of their branches.

M. Velpeau gives no directions for the ligature of the external and internal carotid arteries, vessels which he deems seldom to require ligature, except in wounds, where no general rules apply.

B.—EXTERNAL MAXILLARY.

Operation.—Make an incision two inches long parallel to the inner edge of the sterno-mastoid, and the middle of which corresponds with the great cornea of the thyroid cartilage. Having divided the skin, platysma and fascia, separated the muscles, and laid bare the carotid artery, it becomes necessary to bear the sheath of this vessel on its anterior surface, ascending towards the os hyoides, where the origin of the artery sought for is found, and directed inwards and upwards towards the submaxillary gland.

The same method applies to the lingual, which is merely a little more deeply situated, and runs horizontally a little before, assuming the vertical direction between the os hyoides and lingual muscles.

C.—THYROID ARTERIES.

Operations.—Upper Thyroid.—Incision as before. When the sterno-mastoid is separated from the larynx, the jugular vein and primitive carotid are seen in the omo-hyoid space, and on tearing the cellular connexions, the thyroid artery is found between these vessels and the corresponding lobe of the thyroid gland.

Inferior Thyroid.—Incision as in the ligature of the carotid, low in the neck. The artery arising from the subclavian passes behind the internal jugular, eighth nerve, and carotid, to ascend obliquely to the posterior surface of the corresponding lobe of the thyroid gland, and is usually hidden altogether by the upper portion of the omo-hyoid. This muscle must, consequently, be depressed, in order to lay hold of the artery behind it, between the trachea and œsophagus, taking care to avoid the recurrent and descendens noni.

The *vertebral* artery is found between the longus colli and anterior scalenus muscles, on the outer side of the jugular, and bounded by the phrenic nerve.

D.—BRACHIO-CEPHALIC, OR INNOMINATA.

Anatomical Remarks.—About two inches long, extending from the anterior superior and right side of the arch of the aorta, towards the sterno-clavicular articulation, the trunk of the innominata follows a direction, slightly oblique, from below upwards, within outwards, and before backwards. The pleura lines its external side. Behind, it rests on the front and right side of the trachea. Its anterior surface is crossed above by the left subclavian vein,

lower down by the vena cava descendens, which separates the farther from it as this reaches the right auricle of the heart. It is subsequently covered only by the cellular tissue, the roots of the hyoid and sterno-thyroid muscles, the upper part of the sternum, and then a little by the sterno-clavicular articulation of the same side.

Operations.—1st. *Mott's Operation.*—An incision three inches long above the clavicle from the external edge of the sterno-mastoid to the front of the trachea, and then another incision of the same length on the inner edge of the sterno-mastoid, and joining the inner extremity of the first wound. Then divide the sternal portion, and also a part of the clavicular end of the sterno-mastoid, and turn it upwards and outwards. Having pushed aside the jugular vein, subclavian, and nerves, with the handle of the scalpel, you reach the innominata, and apply the ligature.

2nd. *Mr. King's Operation* is, however, the one which M. Velpeau justly prefers.

The operator, placed at the left side, makes an incision two inches long in the supra-sternal hollow of the neck, on the inner edge of the *left* sterno-mastoid, obliquely, from without inwards, or from left to right, dividing thus, successively, the skin, subcutaneous layer, superficial fold of the fascia cervicalis, cellular tissue, a second fibrous layer; then meets behind the sterno-thyroid muscle, the thyroid plexus, and the thyroid artery of Neubauer, where it exists, separates these vessels, or ties them if necessary, and arrives at the trachea. Then the left subclavian and right internal jugular veins present themselves, and are gently pressed upwards, and to the right side, with a probe. The surgeon bends the patient's head a little, and endeavours to recognise the artery by passing the index-finger between the trachea and the right sterno-hyoid muscle. He then isolates the concavity of the artery with the extremely slightly-curved probe, guided with the utmost gentleness between the artery and the descending cava. The same manipulation is repeated at the brachial side, to lay bare and elevate the posterior side of the vessel. The curve of the probe is now a little increased, and serves as a guide to the *porte ligature*, which may be directed from either side, taking the greatest care not to tear the pleura, to touch the nervus vagus, or to strain the subclavian vein.

This process M. Velpeau considers more simple, rational, and less dangerous, than any other hitherto proposed.

ON THE

PREPARATION OF IODIC ACID.

By JOHN S. HILEY, *Esq., Elland.*

THERE is, perhaps, no science, the different departments of which are taught by experiments, so open to exaggeration as chemistry. There is scarcely a discovery of any kind made in it, but its merits are exalted far beyond bounds, or the facility with which it may be accomplished is spoken of in terms which lead the youthful experimentalist to consider it as but the work of a moment, when at the same time there is, perhaps, nothing more complicated than the process by which it has been reached. Led on by the inducement which is held out to him, he is not aware of his inexperience until he finds himself bewildered in a labyrinth of delicate and perplexing experiments, from the minutiæ of which nothing can free him, but the entire abandonment of the object of his labour. This step, however, he is unwilling to adopt, as the stimulus which first urged him on has not yet subsided, but in case he do not subsequently succeed, he then lays it aside in disgust, and fancies that those studies which, under other circumstances, were calculated to afford him pleasure, are an assemblage of wild and chimerical notions, accumulated by the few to deceive the many. He ever afterwards looks upon chemistry with a suspicious eye, regards its followers as the dupes of trickery and imposture, and abhors the science than which, Griffin, in the introduction to his *Chemical Recreations*, considers "none better calculated to encourage that generous love of truth, which confers dignity and superiority on those who successfully pursue it;" and though, as is beautifully observed by the same author, "no science holds out more interesting subjects of research, and none affords more striking proofs of the wisdom and beneficence of the Creator of the universe," he does not hesitate to regard it as the fountain-head of atheism and infidelity.

In this way has the ardour of many a powerful mind been damped. The hopes and ideas of the student are raised to their highest pitch, and if not fully satisfied, he may attach the blame to his own incompetency, or in the end begin to harbour a dislike to that science which otherwise he may have been fitted to adorn.

Discoveries, however, painted in false colours, and experiments, the difficulties of which are purposely concealed, though deceiving thousands of the young and inexpe-

rienced, will, nevertheless, after a time, in the hands of those who are possessed of stronger minds, be brought to their proper level, and the veil by which they are hidden be rendered so transparent that the eyes of all may behold them. Such also must be the lot of all discoveries which are hyperbolically treated. How foolish, therefore, how improper it is in the chemist to exaggerate them, and thus hide that science in a mist, which, when properly explained and demonstrated, is more simple and delightful than any other! Its laws are the offspring of the most satisfactory reasoning, and its fundamental truths have been thoroughly verified and established.

There is certainly no production in the whole range of chemistry so justly illustrative of these remarks as the formation of iodic acid. The truth of this asseveration may be immediately admitted when I inform my readers, that upwards of six different processes for forming this acid have been introduced to the notice of chemists since the discovery of iodine,—viz., The reaction of moistened iodine on euchlorine gas. The decomposition of the iodate of potash by sulphuric acid. Dr. Connell's process of boiling iodine in nitric acid, until no nitrous acid is evolved, then cooling the solution, and allowing the iodic acid to subside. M. Serullas' plan of using nitric acid, saturated with nitrous acid. M. Duflos' process, the best of all, of boiling iodine in nitric acid concentrated as much as possible, but exempt from nitrous acid. And, lastly, the method proposed by Ovtis in the 506th Number of The Lancet, which is merely a modification, or rather an improvement, of the second-named process. By all these it will be seen, that there is a great want of consistency, and instead of affording us instances in which chemists coincide in opinion, they only serve as the Editor of The Lancet has beautifully and faithfully observed, "to illustrate the contradictions in which practical chemists often unhappily involve themselves."

With the exception of M. Duflos' method, as far as my own observations extend, the merits of these are nearly on a par. The repetition of the first is attended with extreme danger. The second is so troublesome and uncertain, that after hours of labour, in many instances, no results are obtained. I have never been able to succeed with Dr. Connell's method, though I have often repeated it; had he specified pure nitric acid, his process would have been successful. M. Serullas' mode of procedure is perhaps the least effectual. And the proposal of Ovtis is, if anything, rather too complicated.

I am not now speaking theoretically, but from absolute experience. I have repeated all the processes but the first, I mean that of Sir Humphrey Davy, and can pledge myself as to the truth of what I advance. In every instance the iodic acid was altogether wanting, or the quantity obtained was too scanty to allow of the process being followed up. M. Duflos' method, however, repeated on my own plan, is free from this charge, and is probably the best and cheapest way of effecting the desired object. According to the statement of this chemist the nitric acid should be exempt from nitrous acid. This is not altogether requisite, as the deep straw-coloured acid will assist in the production of iodic acid as well as that which is colourless, provided it is concentrated as much as possible. The pure nitric acid sold by chemists never fails to answer. In the present state of chemical knowledge I cannot see any likelihood of improving this process. The iodic acid is not only plentiful, but readily formed, and did not the high price of the articles oppose themselves, I should not hesitate recommending it for general use. As it is, it may very likely be had recourse to, as being the cheapest process yet in vogue, and in that case, it is more than probable that some apparatus would be brought into use, capable of condensing the gaseous matter, and thus rendering the product as abundant as chemical skill would admit.

I will now state the result of some experiments on the formation of iodic acid, instituted at the suggestion of the editor of The Lancet, on a pretty large scale.

To two ounces by measure, and nearly twenty-four drachms by weight, of concentrated nitric acid, and, consequently, of the specific gravity, as specified in my last article, of about 1.45, contained in a small retort with as long a beak as I could procure, I added exactly half an ounce of iodine. I then placed the whole over the flame of a spirit-lamp. Ere long it commenced boiling, and the iodine was sublimed on the sides and beak of the vessel. As fast as it was sublimed I washed it back, and thus brought it as much as possible within the action of the acid. I continued this operation throughout the whole process, and patiently waited the result. Nitrous acid vapours were produced in large quantities, and the quicker and more copiously they were given off, the earlier seemed to be the formation of the iodic acid. It is necessary, however, to restrain in some measure the evolution of this vapour, as it appears from experiment to carry along with it much of the iodine. This is best done by boiling the liquid gently, and occasionally blowing

down the beak of the retort when the vapour is being evolved. I have repeated the experiment both ways. In some instances I have allowed the vapour to evolve rapidly, and in others I have restrained it as much as possible. In the first, the iodic acid, though sooner formed, was not so plentiful at the close of the process as in the last, for from a drachm of iodine, the iodic acid obtained in the first way was less in quantity by several grains than that obtained by the second method. In three or four experiments the difference exceeded ten grains.

I am now deviating. In the experiment upon half an ounce of iodine, after about ten hours' continued boiling, that substance had all disappeared, and the liquid had become completely colourless. I saw the iodic acid gradually developing itself from the commencement of the experiment, and on now examining the contents of the retort, found it was much more plentiful than I at first imagined. I emptied the whole into a small evaporating dish, and after the iodic acid had subsided, poured off the supernatant fluid; I then washed and dried the iodic acid (the spicula of which were of the most beautiful crystalline texture, and glittered like spangles at the bottom of the dish) by a gentle heat, and on weighing the product in a just balance, found that the whole amounted to exactly 243 grains, or three grains more than the primary weight of the iodine. I would here observe, that a large proportion of the iodic acid obtained from the iodine experimented upon, is formed rather suddenly. After the boiling has been kept up for about half an hour, a few scales of that substance may be seen to subside, but on shaking up the mixture in order to wash back the iodine which may have sublimed, it is not unusual after examination to find that the iodic acid during that operation has been deposited in considerable quantities. This generally happens after nitrous-acid vapours have been copiously evolved.

From experiments since performed, I have every reason to suppose that about 240 grains of iodic acid are as much as can possibly be obtained from 1440 grains of concentrated nitric acid, or, in other words, that concentrated nitric acid will never change more than one-sixth, or, at furthest, one-fifth of its weight of iodine into iodic acid. I have since repeated this process in various ways. I was not content with performing it in a retort, but tried what would be the results in a Florence flask. In the last vessel, the loss of iodine in the form of violet-coloured vapour, was so great as to render the result far from satisfactory; for from half the quantity of iodine, as experimented upon in the first instance, instead of obtaining 120 grains, I only got 80 grains of iodic acid. The iodine, instead of subliming on the sides and neck of the flask, escapes along with the acid vapours. This partly arises from the heat of the flask, which, however small or however distant the flame may be, is so great as to occasion a second sublimation; that is, after the iodine has once condensed, it is again expanded into vapour, and expelled by the increasing heat of the vessel. Occasionally it does not condense at all, but is driven out of the flask as fast as it arises from the fluid. Now the use of a retort with a long beak is free from this objection. It may be kept cool by means of wet cloths, and in this case not a particle of iodine can be detected by means of a magnifier, within five inches from its mouth. Apparently it is all condensed before it reaches that point, and, consequently, may be readily washed back without loss. But for all this a portion of iodine does escape, for the acid vapours are slightly impregnated with it. Here it is in the most minute division imaginable, as is indicated by the fact, that when a Florence flask was fitted pretty closely to the mouth of the retort, with its bulb at the same time in cold water, or even in a freezing mixture, not the slightest condensation of iodine took place; nor did a weak solution of starch point out in the least perceptible manner the presence of iodine. It was, however, readily detected, by placing a piece of moistened starch at the mouth of the beak of the retort. In a minute or two, sometimes more and sometimes less, according as more or less acid vapours were being expelled, the blue tinge was beautifully developed on the surface of the starch. In repeating this experiment, it is necessary that the beak of the retort, throughout the whole process, should be raised higher than its body, or a portion of iodine will be passed over with the *watery* vapour, in which case the experiment with starch cannot be satisfactorily exhibited.

From these experiments, and they were certainly repeated in the most careful manner, for I stood over them from first to last, it would seem that it is next to impossible to prevent the partial loss of iodine, as, in spite of all the cold I could apply by means of wet cloths, cold water, and freezing mixtures, it was carried away by the acid vapours. It was this circumstance which prevented me from discovering the proportions of oxygen and iodine in 100 parts of iodic acid; for though the quantity lost was too minute for either the eye, a magnifier, or any but a pretty fine balance to discern, yet the starch test

proved very satisfactorily that its presence in the acid vapour was at any time sufficiently plentiful to affect, in a considerable degree, whatever conclusions I might come to, and though Professor Stromeyer observes, that this test is so delicate that a liquid containing 1-450,000ths of its weight of iodine, receives a blue tint from a solution of starch, yet I am certain from what I have observed, that until the whole of the iodine can be condensed, so as not to be discernible by the test in question, no conclusions can be looked upon as decisive.

With respect to the most suitable vessel for forming iodic acid, in order to give the Florence flask a fair trial, I inverted a second over the one containing the materials; but even in this case the loss of iodine was considerably greater than when a retort was used. In using the latter, rags kept constantly wet with cold water were applied all along the beak. Probably Woulfe's apparatus might answer better than either. The gaseous matter might then be condensed, in which case it would prove a cheap and profitable process.

Before I proceed further, I must mention a rather remarkable phenomenon which showed itself in the course of this experiment. I have said that moistened starch received a deep-blue tint when placed in the beak of the retort. This only happened when colourless acid vapours, impregnated with iodine, were passing away; for when the orange-red vapour of the nitrous acid was being evolved, instead of the starch receiving a deeper tint, the blue colour was wholly dispersed, and the starch assumed its former shade. It was, however, altered materially in other respects. Instead of being of a loose texture, it had become sticky like gluten, as though iodic acid had formed on its surface by the union of the nitrous acid with the iodine. This however is but a supposition, for the glutinous consistence which the starch exhibits, cannot be wholly owing to the presence of iodic acid, as nitric acid alone produces it, nor would I have alluded to it at all, had I not imagined that the decoloration which takes place when the nitrous acid comes in contact with the starch, bore some relation to M. Serullas's plan for forming iodic acid, who recommends, as before stated, that nitric acid should be saturated with nitrous acid, by passing a stream of the latter through the former. From experiments since performed, I have found that the blue colour assumed by solutions of starch when iodine is added, is dispersed by the vapour of nitrous acid, however obtained.

In what has been said, it will be seen that the advantages and disadvantages of this process have been touched upon pretty largely; but in order to impress the particulars more certainly on the minds of my readers, I beg to repeat, that from half an ounce of iodine, and two ounces by measure of nitric acid of the specific gravity of 1.45, I obtained, after about ten hours' boiling, exactly 243 grains of iodic acid.

Now I take it for granted, that the experiment laid down in my last paper has been repeated, and I trust that each experimentalist has seen enough to admit of his putting some confidence in any assertions I may make here; but providing such is not the case, and they do suspect me, I beg they will repeat the process in question, and thus at once satisfy themselves respecting the claims it may have to the truth. Nor have I, I believe, in the least exaggerated. I trust that a repetition of the experiment will prove, that what I have stated is rather under than above the mark, that a trifle more iodic acid will be obtained rather than a trifle less, and that the time required in its performance, the difficulties arising in its course, and the carefulness necessary to ensure its success, have been rather exaggerated than otherwise. I have done this to avoid the repetition of a blunder into which most chemists have fallen—that is, disappointing rather than satisfying the expectations of junior students, and that the hopes of every reader of THE LANCET may be fully realized.

But after all this, I would guard against shining in borrowed plumes. From what has been said at the close of my letter (inserted in THE LANCET of June 1st, page 305), I imagine I have every reason to fear that the discovery of this process for forming iodic acid may, by the careless and unthinking, be attributed to me, whereas I have little or nothing to do with it. I am merely the repeater of an experiment, of the products of which, by the same means, M. Duflos is the sole discoverer; consequently I disclaim all title to praise, any further than what may arise from bringing back a process for the formation of iodic acid to the notice of chemists, which, to all appearance, was fast sinking into oblivion. All the merits of the discovery are entirely due to M. Duflos.

I will now proceed to make a few observations upon iodic acid. They are the result of a patient investigation of it, and I trust will be found to come pretty near the truth.

In my letter, in the 509th Number of THE LANCET, page 305, I stated that iodic

acid reddened vegetable blue colours, and afterwards destroyed them. This is a mistake which I beg to remedy, for I find, after repeating the experiment more than half-a-dozen times with greater ease, and on a much larger scale, that it possesses no bleaching properties over litmus. How it happened that I made out the contrary beforetime, I cannot possibly guess, unless it arose from the presence of some extraneous substance. Be this as it may, it certainly cannot boast of any decolorizing powers over that preparation. I was the more surprised at this, because it was in direct opposition to the statement of Sir H. Davy, in whose opinion all chemists, I believe, have hitherto confided.

Dr. Turner has the following passage in the second edition of his *Elements of Chemistry*:—"Iodic acid deliquesces in a moist atmosphere, and is very soluble in water. The liquid acid thus formed reddens vegetable blue colours, and afterwards destroys them." Mr. Boswell Reid concurs in the same opinion; for in the second edition of his *Elements of Practical Chemistry*, he observes that "it is soluble in water and deliquescent, and reddens, and then destroys, the vegetable blues." Now I am convinced that Dr. Turner, Mr. Boswell Reid, and all other chemists who join in their opinion, labour under a great mistake; and to prove this, I need only add that I dissolved upwards of 100 grains of iodic acid in as small a portion of distilled water as possible, and then dipped a piece of litmus paper into the solution. It was instantly reddened, but never lost a shade of this last colour, though it remained soaked in the solution for more than four days. I repeated this experiment in various ways, sometimes with the tincture of litmus, and at others with litmus paper, but could never observe that it was in any one instance in the least decolorized. Iodic acid, however, reddens, and then bleaches, the tincture of cabbage, and perhaps to this property are owing the statements of Sir H. Davy, Dr. Turner, and Mr. Boswell Reid.

On evaporating solutions of iodic acid, a thick mass, of the consistence of paste, remains. This property is better and more readily exemplified by exposing the acid to the air, and thus allowing it to absorb a small portion of vapour. The hydrous iodic acid is soon formed, and its singular pasty consistence exhibited in a really beautiful manner. It is then tough and elastic like gluten, which property is perhaps the most likely to distinguish it when formed from any other substance. It is no easy matter for a youthful experimentalist to make out the uncommon compounds. He may have already formed them, and not be aware of it, such are the discrepancies of most guide works in chemistry; but as regards iodic acid, he need never be at a loss, since this quality, when united with a small portion of water, will enable him to discover it at once.

Iodic acid is instantly decomposed by solutions of arsenious acid, and iodine is set at liberty.

Solution of tartar emetic throws down a white precipitate from solutions of iodic acid, which, on adding a particle of starch, becomes of a fine dark-blue colour. A strong smell of iodine is, at the same time, given off. This is a beautiful experiment, performed on a watch crystal. A minute drop of fluid, scarcely visible, suddenly becomes of a deep blue, appearing at the same time much more plentiful than it really is.

Nitrate of mercury throws down a copious white precipitate from iodic acid in solution, which, on the addition of a little starch, changes in a short time into a blue, thus indicating in the most satisfactory manner the decomposition of the acid, and the presence of iodine.

Iodic acid unites with strong caustic ammonia, forming with it instantly a white substance, iodate of ammonia, of a beautiful crystalline appearance, almost as plentiful as the liquid.

Spirit of wine along with solution of bi-chromate of potash produces a white precipitate with iodic acid.

Upon solutions of chromate of potash this acid has the same effect as all the other acids. By taking away an atom of the base of the latter, and thus forming iodate of potash, it imparts to the yellow liquid a beautiful orange-red colour.

Prussic acid has no sensible effect upon iodic acid, but a solution of terro-prussiate of potash decomposes it, giving rise to a greenish-white precipitate. Iodine is at the same time set at liberty, and may be detected by the usual test and the smell.

From most of the above experiments it would appear, that the affinity of iodine for oxygen is much inferior to the affinity which the latter has for many other substances. The facility with which it is decomposed by most deoxidizing agents, amongst which we may enumerate some above noticed, serves to prove this satisfactorily. The compounds into which it enters are also not less readily decomposed, as those of potash, soda, ammonia, and baryta; and in accomplishing this, arsenious acid, &c. appear deserving of as conspicuous a place in the class-books of chemistry, as the more powerful ones of sulphurous, phosphorous, and hydriodic acids.

Elland, near Halifax, July 15th, 1833.

SEVEN CASES OF

STONE IN THE BLADDER,

SUCCESSFULLY TREATED BY

BARON HEURTELOUP.

To the Editor of THE LANCET.

SIR,—I have the pleasure of transmitting for publication in your influential journal, sketches of eight additional cases of stone in the bladder, cured by the system of percussion. Four years have elapsed since Baron Heurteloup first arrived in this country for the purpose of introducing the lithotritic art as it was then practised. Your readers will recollect that his reception by the surgeons of this metropolis was much less cordial than polite. The zealous and energetic temper of my friend, however, was not to be daunted by the faint praises of some or the sneers of others. His activity in diffusing information respecting the novel method was only equalled by his dexterity of manipulation, and in a few months he made no little impression on the ranks of the sceptics. A series of successful operations proved the superior efficacy of his instruments over those of all his contemporaries, and up to the summer of 1831, he had fairly entitled himself to be considered the most skilful of lithotritists. At this period his adaptation of the principle of percussion to the fracture of calculi, quite altered the character of the art, both by extending its agency to more difficult cases, and by simplifying the construction of the instruments employed. The triumphs over inveterate disease which Heurteloup's percussor has achieved, are perhaps unequalled in the annals of surgery, and while they place him far beyond rivalry, entitle him to the gratitude of his species. Whilst I call to mind the difficulties he had to encounter from the jealousy of one class, the prejudices of another, and the indifference of all to the success of a foreigner, a stranger to our language and manners, I feel peculiar satisfaction in publishing the successful result of Baron Heurteloup's exertions,—a daily increasing estimation amongst the members of our profession, and a proportionate extension of practice. I have now before me outlines of twenty cases, successfully treated with the percussor, and which I shall early transmit for your perusal. The operation by percussion was invented and brought to its present perfection in *England*, and therefore well entitles its author to those literary and professional distinctions with which he is about to be invested. The Baron is at this moment at Paris, and has taken with him an English patient, by operating on whom he intends to demonstrate the efficiency of the percussor before the commission of the Institute of France, and he will thus have the satisfaction of introducing to the Parisian faculty their own rickety bantling, improved by the air of England into a healthy adult.

It is pleasing to contemplate the great simplicity of this instrument, which, with a little alteration, promises to be manageable in the hands of the general surgeon. I will not trust myself to express an opinion respecting the recent attempt to deprive him of the merit of this invention, by one who first abused the percussor as inefficient and dangerous, and then magnanimously copied it; but I shall conclude by acknowledging the vitally important aid, which this science has derived, from being allowed a fair arena of discussion in the pages of your bold, uncompromising, and impartial journal. I am, Sir, your obedient servant,

D. O. EDWARDS.

5, Marlborough-Place, Walworth.
13th June, 1833.

CASE. I—A LARGE STONE IN AN OLD SUBJECT.

Mr. B*** had been complaining some time of symptoms that led Mr. Brodie and myself, who were attending him, to suspect that there was stone in the bladder. He was accordingly sounded about the 14th or 15th of February last, when a stone was immediately discovered, and the alternative of being cut, or of submitting to the lithotriptic operation, was laid before him. He chose the latter, and an appointment being made, he called at Baron Heurteloup's house, on the 19th February, where I met him. The Baron then introduced a sound, and having ascertained the presence of a stone, without delay set about the operation of breaking it, which was done without any apparent difficulty or suffering to the patient, the operation not lasting three minutes. Mr. B*** then returned in his carriage to his house in Grosvenor-Place. During the night a considerable number of fragments of the calculus, which was lithic acid, were passed. Towards morning a large fragment lodged in the urethra, prevented the passage of the urine, and caused an accumulation in the bladder; this was removed, but it was followed by an incomplete paralysis of the bladder, which was, however, of short duration. After this, it required five other operations before

the stone (which from the quantity of fragments saved, I should consider, weighed six drachms) was finally crushed. All this time the patient suffered little or nothing, and he is now in good health.

(Signed) H. P. Fuller, Surg.
112, Piccadilly.

CASE II.—EDMD. M***, ESQ.—CURE IN TWO SITTINGS.

Mr. E. M***, a gentleman of nervous temperament and full habit, aged 56, has been subject to urinary calculi for years, from which he experienced great inconvenience at intervals. About two years since, he began to suffer great pain and irritation of the bladder on taking exercise, particularly on horseback, followed by hematuria and all the symptoms of stone in the bladder. He was sounded, and a stone, the size of a walnut, was discovered. He was recommended to submit to the operation of lithotripsy. This he deferred from his dread of the operation, until his life became perfectly miserable, from the confinement rendered necessary by the increased irritation of the bladder. He applied to Baron Heurteloup, who visited him at Harborough, and on sounding him confirmed the opinion of the existence of stone, and advised his removal to London, to be under his constant and immediate observation. On the 15th of April I accompanied him to the Baron's house, where he was placed upon the rectangle-bed, and the bladder being injected, the *percussor* was introduced, and the stone instantly seized and broken to pieces. A large fragment or second stone was treated in the same manner, and the *percussor* withdrawn, thus completing the operation in a space of little more than two minutes, and, literally, before the patient was aware it was begun, as the pain he experienced scarcely exceeded that usually produced by the introduction of a catheter. A quantity of fragments escaped with the water injected, on withdrawing the instrument, and continued to pass for several days. After the operation, the patient walked about as if nothing had happened, and passed a better night than he had done for many months before. It was found necessary to introduce the *percussor* a second time, to break down some fragments that were too large to pass the urethra, and which were expelled in a few days. The cure was thus rendered complete without confinement, and with perfect safety and very little pain.

From the moment the stone was broken, the patient was able to take his usual exercise without experiencing the slightest inconvenience. Mr. M*** has now been in the country two months, and under my daily observation; and as he has been averse to having the sound again introduced, I have not pressed it, not seeing the most remote reason to suspect the existence of any portion of the stone in the bladder.

(Signed) Henry Gatty, M.R.C.S.
Harboro', 25th June, 1833.

CASE III. — CALCULUS OF FOURTEEN YEARS' EXISTENCE — CURE BY LITHOTRIPSY.

Mr. William Finlay, aged 72, of the vicinity of Glasgow, has been afflicted with the complaint of calculus in the bladder for fourteen years. Eleven years ago he came up to London, and was sounded by Sir Astley Cooper, when a stone was distinctly felt. The calculus being too large to be extracted *per vias naturales*, and the patient being exceedingly unwilling at the time to undergo the operation of lithotomy, the idea was abandoned; he therefore retired into the country. The symptoms, which were then extremely urgent, were, through the treatment recommended by Dr. Prout, greatly relieved, and the patient was at times so entirely free from pain, that he almost considered himself free from the complaint.

Within these two or three years, however, the symptoms have recurred with increased severity; and, latterly, have become so violent, that the patient being in almost constant pain, and not being able to walk even half a mile without the greatest suffering and distress, demanded some immediate means of relief. Early in the month of May the patient came up to London, and placed himself under the care of Baron Heurteloup. The bladder was, at this time, in a high state of irritability, the urine alkalescent, and throwing down a copious mucous deposit; nor was the patient able to pass one drop of water without the use of the catheter. These symptoms having become in a great measure abated by means at that time adopted, the Baron undertook the evacuation of the stone by lithotripsy, or the process of crushing.

The first application of the instrument was on the 22nd of May, since which time five other applications were made, at intervals of longer or shorter duration, according to the symptoms, and the last took place on the 27th of June.

The patient is now quite free from pain, and is able to walk two miles without the slightest inconvenience, and is also able to repeat the same after a few hours' rest, should anything occur to make him feel inclined.

I have to add, that notwithstanding all

the difficulties in the case, the applications of the instrument did not ever exceed two or three minutes' duration.

(Signed) DAVID FINLAY, M.D.
London, June 30, 1833.

CASE IV.—CURE OF STONE BY LITHOTRIPSY, SIX YEARS AFTER LITHOTOMY.

Mr. J. S***, aged 69, consulted me on the 18th of March last for symptoms under which he had been labouring for three years, and which had become very severe. He was cut for the stone six years ago by Mr. Key, when a flat lithic-acid calculus, of considerable size, was extracted. The pain he felt, on making water, was acute, and the irritation of the bladder very great. He could not walk far, without suffering excessively, and riding he found even more distressing. In short, anything like active exercise was followed by a discharge of urine tinged with blood. The paroxysms of pain were frequently accompanied by pulsations of the heart, and there was often a numbness about the calves of the legs which the patient found very annoying.

Some time before, Mr. S*** had been to Mr. Key for advice, who, judging that there was another stone in the bladder, advised him to apply to Baron Heurteloup, in order to have it extracted by lithotripsy. I fully concurred with Mr. Key, and advised Mr. S*** to go, without loss of time, to the Baron, whose numerous operations I had heard and read of in THE LANCET. He immediately detected the stone, which he considered flat, and presenting about the same surface as the one which had been removed by lithotomy six years before by Mr. Key, at which operation I was present. The operation was performed, on the 22nd of March, with the percuteur. The stone was immediately seized, and broken by the blows of a hammer. The patient voided a considerable quantity of powder and pieces of stone, directly after the operation, and for several succeeding days. The operation lasted about three minutes, and the patient walked home, as soon as it was over, without difficulty or pain. After three other operations, similar to the first, he returned to Tottenham, where he resides. He is now quite well, and experiences no symptoms whatever indicative of his old complaint. The third operation proved merely an examination, as there was no more stone in the bladder. Some fragments of stone having collected in the passage when the second operation was about to be performed, an obstacle was presented to the introduction of the instrument. The Baron seeing the nature of the obstruction, desisted, and postponed the operation. He employed gentle and proper means to bring the fragments from the urethra, in which he perfectly succeeded. He very prudently was unwilling to use the slightest violence in introducing the instrument, from fear of lacerating the urethra. The patient has now been home for five weeks, and remains quite well.

(Signed) WM. MOON, Surg.
Tottenham, Middlesex, May 20, 1833.

CASE V.—CALCULUS FIXED IN THE BLADDER—CURE BY LITHOTRIPSY.

Mr. John Lake, ætat. 67, a farmer, and an eminent land-surveyor, residing in Kent, forty-five miles from London, up to the autumn of 1824 possessed uninterrupted health. His own account is as follows:—

"About this period, Nov. 1824, I had several paroxysms of excessive pain in the groins and small of my back, with frequent and painful inclinations to make water, without being able to pass more than a spoonful each time. It frequently occasioned nausea and vomiting. These attacks continued four or five hours, and invariably ended with an amazing discharge of urine. Early in the year 1826 I consulted a very eminent surgeon in London, who sounded me, and pronounced there to be no stone in the bladder. By taking medicine prescribed by him, I was tolerably easy for two or three years, except when riding on horseback, or in a shaking carriage. On such occasions I was annoyed by involuntary passing of urine coloured like coffee, and attended with severe pain. I have been gradually feeling greater inconvenience, and, generally, considerable pain in making water, which has frequently been discoloured. In the month of July last, I had occasion to take a long journey across bad roads, and in worse vehicles. On my return home, I was frequently in perfect torture, constantly desiring to pass urine, which was mixed with blood and bloody slime. I could scarcely bear motion of any kind—even that of lifting up my legs in walking, or of rising up, and sitting down in my chair, and more especially that of getting into bed. *At this time*, by the skill and ingenuity of the Baron Heurteloup, I am, thank God, relieved from this dreadful affection.—JOHN LAKE, March 28, 1833."

I was consulted by Mr. Lake on the 14th of Feb., 1833. His symptoms leading me to believe there was a stone in the bladder, I requested Mr. Key to sound him, who did so, and found a stone, which

he stated to be fixed in the posterior and right side of the bladder. He thought it a flat calculus, and of considerable size; the urethra and prostate were free from disease. I recommended him to be examined by Baron Heurteloup, and if the case were by him considered eligible, to undergo the operation performed so frequently and so successfully by the Baron, and which I had already witnessed with much satisfaction.

I accompanied Mr. Lake to the Baron, who, upon sounding, confirmed Mr. Key's statement, but hesitated to undertake the case before ascertaining if the stone could be detached from the fixed position it held, without violence, or greatly irritating the bladder.

A second examination took place, when the bladder received a larger quantity of water by injection, and the stone was dislodged. After this he had two severe pseudo-ague attacks.

On the 3rd of March, the Baron performed the first operation before Mr. Key and myself. The stone was seized and broken immediately. The broken portions of it were taken with the greatest promptitude four different times, each of which required very forcible strokes of the hammer to break the portion held by the forceps, but which gave no uneasy sensation whatever to the patient; the duration of this and the subsequent operations, was from three to four minutes; fragments of stone to the quantity of a small teaspoonful passed in the course of forty-eight hours. Among the fragments voided was a large piece, evidently the original nucleus of the stone.

Four other operations were required to remove the stone entirely; several fragments were seized in the last operation, but they were found so small, as readily to pass by the urethra.

Two days after the third operation I called upon Mr. Lake, who expressed his delight at being able to move about with entire ease, saying it was the happiest morning of his life, for whereas before "he was obliged to sneak behind every pedestrian, now he could outwalk them all."

A couple of days after the last operation, the patient was carefully sounded by Baron Heurteloup, conjointly with Mr. Key and myself, and the entire removal of the stone from the bladder was ascertained. Mr. Lake was impatient to return home, feeling himself able to attend his occupations, and enjoy the society of his friends.

On the 2nd of April he left town in good health and spirits.

(Signed) FRED. COBB, M.D.,
Physician to the London Hospital.

CASE VI.—CURE BY LITHOTRIPSY FOUR YEARS AFTER LITHOTOMY.—*Related by* HENRY OLDKNOW, *Esq., Surgeon to the Nottingham Hospital.*

To the Editor of THE LANCET.

SIR,—You will oblige me by inserting the following operation of lithotripsy, performed at the Nottingham Hospital by Baron Heurteloup. It is a case of unfrequent occurrence, and possesses some points of considerable interest.

John Hancock, aged 56, by trade a stocking-maker, possessing in general a good state of health, although for many years labouring under occasional paroxysms of pain in the back, from the formation and passage of renal calculi (often of so large a size as to lodge in the urethra), in the year 1828 became afflicted with the symptoms of stone in the bladder. He experienced these symptoms with increased violence (the paroxysms of pain having produced scrotal hernia on each side), for a period of a year before he would submit to the operation of lithotomy, which he at last did on the 29th of May 1829. The stone extracted was of the lithic acid variety, in weight five scruples, and in form a flat oval. Except an attack of hernia humeralis, which he experienced first in one testicle and then in the other, he may be said to have done remarkably well, being discharged the hospital in somewhat less than five weeks. He has suffered, however, ever since from a partial paralysis of the bladder, so that he can only retain a small quantity of urine without its passing from him involuntarily. He still continues to pass renal calculi occasionally, and in June 1832, he suffered greatly from the passage of one of large size down the left ureter, which he distinctly felt to enter the bladder in about seven days, when he became immediately relieved. This calculus did not pass the urethra, and in about five months from its entrance into the bladder he again experienced the symptoms of stone, and in December last he presented himself to me, wishing to undergo a second operation, as his sufferings were intolerable. Under these circumstances I deferred the operation, and communicated the case to Baron Heurteloup, to whom I was entirely unknown, stating it to be a favourable one for lithotripsy, and that if his engagements would allow him to come to Nottingham to perform the operation, I was sure it would give the professional gentlemen here the greatest pleasure, also saying that I wished to spare the man the risk of a second operation, as, from the nature of his disease, it was very probable

that in a few years more he might again require its repetition. The Baron immediately wrote in reply, that he would comply with my wishes, and came accordingly to Nottingham in the most ready and liberal manner. He examined the patient, and foretold the nature and probable size of the calculus. On the 12th January he performed the operation before a large assemblage of medical practitioners of this town and neighbourhood, and afterwards gave a demonstration of the various steps of the operation, and the means by which he brought it to its present state of perfection. The calculus was twice seized and broken by the *percuteur*, and from beginning to end the operation did not occupy more than from four to five minutes' time. The patient expressed surprise on being told it was finished, and moved from the table with much less uneasiness and pain than he had felt in placing himself there. Immediately on reaching his bed he voided, along with the warm water which had been introduced into the bladder prior to the use of the *percuteur*, a considerable portion of the *detritus* and some small fragments of the stone. He had a better night than he had passed for many weeks; indeed he now experienced no pain, except what was produced by the occasional passage along the urethra of some angular portions of stone. The urine voided that night and the following day was slightly tinged with blood, and contained about its usual quantity of ropy tenacious mucus, which for a long time past had been voided in very large quantities. The next day he passed a very large fragment, and by night the urine was nearly freed from the mucous deposit. On the 16th (4th day) the urine was perfectly clear. He complained of a prickling and itching sensation within the anus, and on sitting down, a pain striking to the glans; but he passed no more fragments, and those collected amounted to half a drachm in weight. Up to this time he experienced more or less of these sensations, and on this day he felt a return of his former symptoms, but in a very mitigated degree. I thought it very possible that a fragment of the stone was resting on the neck of the bladder, or had entered the prostatic portion of the urethra, which, on the introduction of the catheter, I found to be the case; I pushed it back into the bladder, and entirely relieved him of his pain. On the 20th he complained of a sensation, as if he wanted to part with something from the bladder, which he could not effect, but he had little or no pain. On the 25th the Baron came again to Nottingham, and by a second operation immediately succeeded in seizing and breaking down two remaining fragments, the detritus of which the patient passed. Since that time he has been entirely rid of every morbid sensation, and has continued so up to the present moment. His urine remains perfectly free from mucous deposit, and he has passed neither broken fragments nor renal calculi since the evening of the last operation. The interest excited by this case arises out of the circumstances of this man having undergone the lateral operation for stone, and subsequently that of lithotripsy. On the comparative merits of these two operations, I will offer no comments of my own, but leave the patient to speak for himself. He said, "Although relieved from the more urgent symptoms immediately after the former operation, still I suffered more or less from the smarting of the wound, and the continued flow of urine through it; and the pain I experienced at the time was more than I could well bear. In the operation performed by the Baron, the sensation I experienced was scarcely to be called painful; and except from the passage of the broken pieces of stone, I had no subsequent inconvenience or uneasy sensation. And ever since the second operation, I have been entirely relieved from all my former painful feelings."

It is evident, that had the Baron been at Nottingham when the patient experienced the first uneasiness from the presence of the fragments, he would have been entirely cured of the disease on the fourth day, when the second operation would very probably have been performed.

I am, Sir, your obedient servant,

HENRY OLDKNOW.

Nottingham, March 5th, 1833.

CASE VII.—CURE OF STONE BY LITHOTRIPSY AT THE DERBYSHIRE GENERAL HOSPITAL.

James Warren, aged 28, had stone in the bladder three years. When he had suffered from it about two years, he was admitted into the Birmingham Hospital to undergo the operation of lithotripsy; he remained there upwards of two months, but the surgeon under whose care he was placed, did not succeed in seizing the stone; he consequently left the hospital without being relieved, not choosing to undergo the operation of lithotomy.

On the 8th of April in this year, he came into the Derbyshire General Hospital under my care, to be examined by Baron Heurteloup, and to be operated upon if a proper case. He had walked fourteen miles on the day in question, but having rested several hours, and the bladder not

appearing in an irritable condition, the Baron determined to examine him, and to operate if he found the case such as he thought proper for lithotripsy.

At three o'clock p.m., the patient having been placed upon the operation table, the Baron injected water into the bladder through his hollow sound. He next ascertained that a stone nearly an inch in length, and almost as thick, was present. Having withdrawn the sound, he introduced his *percuteur*, with which he seized the stone, and immediately broke it down. He then examined, to ascertain whether any large fragments remained which required to be crushed, and he discovered two, each of which he broke down. The breaking of the stone and the two fragments, occupied exactly two minutes. The patient did not experience much pain from the operation, nor did he afterwards suffer from any unpleasant symptom. He parted with a considerable quantity of minute fragments during four or five days after the operation, when he was perfectly cured. I made the most careful examination to ascertain whether any fragment remained, but could not discover any. He has remained free from all appearance of stone ever since: it is now June 18th, 1833. There were nearly one hundred members of the medical profession present at the operation, all of whom were highly delighted with the skill of the Baron and the success of the operation.

(Signed) DOUGLAS FOX,
One of the Surgeons of the Derbyshire General Hospital.

Derby, June 12th, 1833.

CASE OF

ACUTE LARYNGITIS

SUCCESSFULLY TREATED,

By PYE HENRY CHAVASSE, *Esq., Surgeon, Birmingham.*

IF there be any disease that requires more than an ordinary share of prompt attention, it is acute laryngitis, a disease which sometimes runs its course in a few hours, either to end in recovery or in death, and a case of which I had an opportunity of witnessing a few months ago. As *acute* laryngitis is rather of rare occurrence, an account of the case may not prove altogether unacceptable to some of the numerous readers of THE LANCET.

CASE.—Feb. 22nd, 1833. M. S., a servant-maid, ætat. 20, and of sanguineous temperament, was taken ill yesterday. This morning I saw her for the first time, and found her labouring under the following symptoms:—Respiration loud and rough; cough clanging; she could only speak in a hoarse whisper, and then only with the greatest difficulty; great dyspnœa, which at times was aggravated to a fearful degree; her face was bloated, her eyelids were swollen, and during the superadded paroxysms of difficulty of breathing, her face was pallid and ghastly, and her lips were blue. There was extreme tenderness on pressing over the larynx, and the pulse was hard and rapid; the tongue was white and furred; the secretions were checked; the skin was dry; the bowels were costive; the urine was scanty and high-coloured; there was great thirst; and the countenance depicted peculiar anxiety and distress.

Treatment.—I immediately bled her to thirty ounces, as I could not produce fainting till that quantity had been abstracted. She had not lost more than half that quantity before a decided improvement took place: the breathing became less difficult; she was less loud and hoarse; the countenance, before indicative of the greatest distress, now brightened up; the eyelids, before humid and swollen, regained nearly their usual appearance; the pulse, before hard and rapid, became soft and less frequent. It was most gratifying to watch the rapid changes which the loss of blood occasioned as it trickled from the arm. After the bleeding, I ordered eighteen leeches to be applied to the throat; a purging enema to be administered immediately, and followed up in the course of an hour if necessary. I then prescribed the following medicine:—

℞ *Hyd. submur.* ʒss;
Pulv. opii gr. ij;
Confec. rosæ q. s. Pil. vj capiat j, tertiis horis, cum cochl. ij amp. mist. sequenti.

℞ *Liq. ammon. acet.* ʒiij;
Mist. camphor. ʒv. Misce. Toast and water to quench the thirst.

Nine o'clock p.m. Breathing nearly natural; the patient now able to speak aloud; hoarseness very much diminished; tenderness over the larynx no longer exists; pulse soft, and not frequent; skin moist; bowels freely opened. The blood which was drawn in the morning is very much buffed and cupped. *Pergat.*

Suffice it to say, that in a few days the patient was quite convalescent.

Birmingham, July 22nd, 1833.

RESULT OF THE CASE OF

INGUINAL ANEURISM

AT THE BRISTOL INFIRMARY, IN WHICH THE EXTERNAL ILIAC WAS TIED BY RICHARD SMITH, *Esq., the Senior Surg.**

To the Editor of THE LANCET.

SIR,—I have delayed addressing you respecting the case of *inguinal aneurism*, in which I placed a ligature upon the external iliac on the 21st of May, wishing previously to feel quite assured of what would be the result of the operation. Two months having now elapsed, I presume that all is quite safe.

I have the satisfaction to inform you, that Ricketts had not one unpleasant symptom from the moment when he was carried to bed to the present time. His gloomy despair soon left him, and was succeeded by a confident and cheering hope in the prospect newly opened to his view. In about a week the wound was entirely closed, with the exception only of the part situated in the course of the ligature. From this period there was discharged during each day about an ounce of good pus. On the 30th day after the operation the ligature was found coiled up in the dressing. In a short time after this the discharge entirely ceased, the wound healed, and the man walked home without any difficulty.

Ten days ago Ricketts returned to the infirmary, in order that I might examine the part where the aneurismal swelling had been situated. I found that the tumour had disappeared from the surface, and the remains of it were only distinguishable by the touch, as a circumscribed lump under the integuments. There is not the slightest pulsation, and moderate pressure gives no uneasiness. The limb is perfectly natural, and he has the free use of it. In fact, with the exception of the scar upon the abdomen, there is no visible trace either of the aneurism or the operation. He said that "he was quite well, and had nothing the matter."

It has been rather a subject of surprise to me, a very agreeable one of course, that there should have been so entire an absence of constitutional and local disturbance, considering the interruption of the circulation in so large a vessel, and the unavoidable injuries necessarily inflicted by the scalpel and the handling.

The operation has been already so many times performed with success, and its propriety so thoroughly established, that I should not have considered it needful to trouble you, but the commencement of the case having already found a place in your pages, I thought that the sequel ought to appear also in the same channel.

I am, Sir, yours very truly,

RICHARD SMITH,
Senior-Surgeon, Bristol Infirmary.

22nd July, 1833.

* See LANCET, present volume, page 387.

VIEW OF

BARON ALIBERT'S CLASSIFICATION

OF

DISEASES OF THE SKIN.

By JOHN PAGET, *M.D.*

(Concluded from page 527.)

GROUP VIII.—*STRUMÆ.*

THESE are chronic affections of the skin, of various forms, generally with glandular swellings, which are apt to terminate in ulcerations, and are little affected by any known remedy. The *strumæ* are undoubtedly hereditary, and seem to depend on a certain constitutional diathesis, the nature of which is little understood, but which may show itself in every tissue of the body, and would seem to consist essentially in a disposition to deposit tuberculous matter.

GENUS 1st, SCROFULA.—An affection which declares itself on one or more parts of the integument by the hypertrophy, induration, and prominence of the lymphatic glands, by the formation of spots, scales, tubercles, and pustules, followed by ulcerations, incrustations, hypertrophies, cellular vegetations of the skin, &c. These tumours or swellings, the result of a morbid change, as yet but little understood, have their special seat in the glands, as the parotid, submaxillary, sublingual, cervical, &c. The genus, taken collectively, presents itself under two opposite aspects; in the one, the patient has a florid colour, and the external appearance of a healthy and robust constitution; in the other, the face is thin and pale, the eyes dull, and the whole appearance that of wasting and decay.

Species a, S. vulgaris vel sporadica; b, S. endemica.

GENUS 2nd, FARCIMEN. (Farcy or Glanders.)—An affection peculiar to domestic animals, especially characterized

by the development of a greater or less number of small tumours, globular or oval, flattened or elongated, circumscribed, resistent, placed immediately under, or in the substance of, the skin, at first painful, but becoming indolent after some time.

Species a, F. benignum; *b, F. malignum.*

REMARKS.

From the observations of Dr. Elliotson on farcy and glanders in the human subject, the opinion of M. Alibert,—that the farcy in domestic animals performs exactly the same part as scrofula in the human subject,—would appear in some degree questionable. It seems pretty well proved that the disease is contagious, and may be communicated from animals to man, and again from man to animals, and that in man it has proved rapidly fatal, and been attended with symptoms quite foreign to any known form of scrofula; on the other hand, the deposition of "grey tubercles," —the inflammation and swelling of the lymphatic glands and vessels,—the suppuration and peculiar appearance of the ulcers in the chronic farcy—are certainly favourable to the opinion of the scrofulous nature of the affection, and at least render the question worthy of further examination.

GROUP IX.—*PSORODES.*

These diseases are especially marked by a severe sense of itching, which, though not peculiar to the *psorodes*, is in them so much more constant and important a symptom than in any other of the *Dermatodes*, that it has been justly selected to characterize the group. The form of the eruption is various and uncertain, and is sometimes accompanied by the presence of *pediculi*. These diseases are almost peculiar to the filthy and ill-fed; they are little inclined to cure spontaneously, but, except in certain forms, yield readily to treatment.

Genus 1st, Scabies.—An eruption common to man and many domestic animals. This disease, in its true form, is eminently contagious; it is marked by vesicles, pointed at the top, wide at the base, generally distinct, yielding a fluid commonly serous, but sometimes purulent; especially characterized by violent itching. This disease attacks alike either sex and every age; it extends over the whole body, *except the face*, but is most common about the interstices of the fingers, the inner surface of the wrists, the folds of the elbows and knees, under the axilla, on the lateral parts of the abdomen, on the thighs, &c.

Species a, S. exquisita; *b, S. spuria*; *c, S. pecorina.*

Genus 2nd, Prurigo.—A non-contagious eruption, characterized by papulæ, occupying one or more parts of the integuments, varying in number and extent, sometimes red, but more frequently of the colour of the skin, *and often interspersed with small black scabs produced by scratching.* The appearance of these papulæ is always attended by an acute sensation of itching, which must be in this case regarded as a special and characteristic symptom.

Species a, P. lichenoides vel furfurans; *b, P. formicans*; *c, P. pedicularis*; *d, P. latens.*

REMARKS.

I am at a loss to conceive why M. Alibert should have placed this group in the situation it now occupies between the *strumæ* and *hæmatodes*, with which it does not appear to have the most distant affinity. I should be inclined rather to place it between the *tineæ* and *serpigines*, to which it appears much more naturally related.

GROUP X.—*HÆMATODES.*

This group is composed of a peculiar class of affections, characterized by discoloration of the skin, caused by an effusion of blood under the *epidermis*. On what this curious phenomenon may depend, is yet a mystery; but it seems probable that it arises either from disease of the minute bloodvessels, or, perhaps, more likely, from a morbid state of the vital fluid itself.

Genus 1st, Peliosis. (*Purpura*, Willan.)—An affection characterized by spots of a red, purple, or livid colour, occasionally of a very considerable size, (sometimes but small,) arising from the effusion of blood between the cuticle and true skin, and accompanied by hemorrhagies which are excited by the slightest causes. These spots are sometimes distinct, sometimes in groups; they are rarely attended with fever.

Species a, P. vulgaris (*Purpura simplex*, Willan); *b, P. hæmorrhagica*; *c, P. contusa.*

Genus 2nd, Petechia.—An affection characterized by small spots scattered over the surface of the skin, generally of a red colour, though often livid, violet, or black; sometimes resembling flea-bites, sometimes small freckles; with or without fever; remaining a longer or shorter

period; varying much in size, sometimes forming an almost imperceptible point.

Species a, P. primaria vel idiopathica; b, P. secundaria vel symptomatica.

GROUP XI.—*DYSCHROMATA.*

This group includes a number of rather curious than important affections, characterized solely by anomaly either of excess or defect of the colouring matter of the skin; they may be congenital or accidental.

Genus 1st, Pannus.—An affection characterized by one or more spots, disseminated or collected together in a greater or less quantity on the surface of the human skin, of which the form and colour are more or less anomalous.

Species a, P. lenticularis (Freckles); *b, P. hepaticus; c, P. melaneus; d, P. caruteus.*

Genus 2nd, Achroma.—An affection characterized by white spots, quite different from the natural colour, generally oval, of various extent, sprinkled over the body like drops of rain. The power of sensation is frequently either partially or entirely lost in the affected parts. The decoloration is sometimes universal.

Species a, A. vitiligo; b, A. congenuale.

GROUP XII.—*HETEROMORPHEA.*

Under this group is included a number of affections which appear to bear no definite relation to any other known diseases, nor to possess any affinity with each other, and which are therefore arranged together merely for the sake of convenience.

Genus 1st, Ichthyosis.—An affection which appears on one or more parts of the integument, in the form of scales, more or less hard and resistent, of a pearly or grey colour, imparting to the human body the appearance proper to the skin of fish or serpents. The *epidermis* often assumes a horny consistence.

Species a, I. nitida; b, I. serpentina; c, I. cornea.

Genus 2nd, Tylosis. (Corns.)—An affection characterized by dry, hard, lamellated callosities, moveable or fixed, formed in the cellular layer of the skin, mostly occurring about the sole of the foot and on the toes. They are almost always brought on by the pressure of tight shoes, which pressure, if continued for any length of time, inflames the skin, and renders it exceedingly painful.

Species a, T. gomphosa; b, T. indurata; c, T. bulbosa.

Genus 3rd, Verruca.—An affection characterized by sessile or pedunculated excrescences, sometimes moveable, sometimes fixed, and nearly of the natural colour of the skin. Their surface is hard, rugged, and almost indolent. This kind of vegetation is for the most part scarcely susceptible of inflammation.

Species a, V. vulgaris; b, V. acrochordon.

Genus 4th, Onygosis.—An affection characterized by inflammation, with pain, redness, and swelling of the matrix of the nail, and malformation, induration, or other morbid change of the substance of the nail itself.

Species a, O. acuta; b, O. chronica; c, O. per incarnationem; d, O. perfædidatem.

Genus 5th, Dermatolysis.—An affection characterized by an unnatural extension of the skin, arising from a peculiar change in the contractile power of that membrane.

Species a, D. palpebrarum; b, D. faciei; c, D. collaris; d, D. abdominalis; e, D. genitalium.

Genus 6th, Nævus.—A congenital affection, characterized by spots, most frequently solitary and scattered, by vesicles, cysts, warty or steatomatous excrescences, of an infinite variety of forms and colours.

REMARKS.

This group is, from its very nature, imperfect. But though it may, and probably will, frequently undergo modifications and changes, these will in no degree affect the general principles on which the method is founded.

REMARKS ON THE NECESSITY FOR PARLIAMENTARY INTERFERENCE RESPECTING THE MEDICAL CARE OF SICK AND HURT PAUPERS.

By John Charleton Yeatman, *Esq., M.R.C.S.L., Surgeon to H.R.H. the Duke of Gloucester, &c.*

In my pamphlet "On the Medical Care of Parochial Poor," &c. (Longman and Co., March 1818), a strong case for Parliamentary inquiry is made out, and a plan suggested for legislative enactment, with a view to remedy those numerous evils, of which the present unrestricted system of "farming out" sick paupers is the cause. In addition to the facts and statements

therein contained, the reader may consult the pamphlets of Dr. Worthington of Monmouth, Mr. Dunn of Pickering in Yorkshire, Mr. Smith of Southam in Warwickshire, Mr. Hulbert of Melksham, Wilts, the *Transactions of the Associated Apothecaries of England and Wales*, the *Medical Repository*, the Report of the Committee at Warwick, and the writings of Dr. Burrowes of London. What are the lamentable results of the present system? It is only necessary in this place briefly to allude to the custom of offering for sale by auction, to the lowest medical bidder, the appointment of parish surgeon, and of paying surgeons for the care of the sick and hurt paupers of a parish such a miserable stipend as a decent tradesman would be ashamed to offer for the annual medical care of his family, and to remind the reader of the shameful and disgraceful monopoly of public practice, which exists under this system, country surgeons often contracting for the care of twelve or fifteen parishes at a time! Observe, that the unrestricted system of farming, tempts the older country surgeons to accept of those appointments on low terms, in order to retain and extend their private practice among the yeomanry; while the younger surgeons offer their services on even lower terms, with the view to obtain some share of private practice in their respective neighbourhoods.

In most of these transactions, be it remembered, paupers suffer grossly from neglect and inadequate medical treatment; and parochial funds are drained, by many who might have been cured in half the time usually occupied for such purpose, and by others becoming incurable, who, if adequately attended to at the commencement of their afflictions, would have been enabled to follow their ordinary occupations. At the same time, a suspicion arises of exorbitant demands on the part of the parish surgeon for casual attendance on the poor (i.e. paupers not residing in their own parishes), when he has the good luck to obtain from the magistrates a "suspended order of removal,"—demands, made, it is thought, by way of repaying himself for losses under the present low rate of contracts. How greatly, too, does the existing system degrade the character of the "surgeon and apothecary," the "physician of the poor in all cases!"

Some persons throw the blame of this on country surgeons; yet these gentlemen cannot avoid the evil. The majority of them must accept of parish surgeoncies on almost any terms, or forego a certain share of private practice. It is true, that to contract for the medical care of sick paupers, and then to neglect them, is to break the contract, and, in law, to forfeit the petty salary; but parish officers and the yeomanry wink, more or less, at all instances of neglect, and at the almost exclusive attendance of "the boys" (as the poor call surgeons' pupils), their limited knowledge and rigid parsimony inducing them to act on a false economy. Nor do they feel themselves justified in exercising a strict inquiry, or, I would rather say, *any* inquiry into these important matters. It is useless to censure farmers and overseers for the system. They glory in driving hard bargains, and will say, that "the harder the bargain the better for the parish; and he who can succeed best is the cleverest fellow." Some of the most skilful country surgeons regret these appointments, and yet are every day performing acts of charity towards the sick poor. Indeed, to say nothing of paupers, the great mass of persons working for their daily bread, are ever under the care of medical men, with the certainty of but little remuneration, so that the medical profession are daily laying the nation under heavy obligations. There are also some humane and liberal overseers who act towards sick paupers and parish surgeons in the most praiseworthy and honourable way. But the medico-political economist has to deal with overseers and parish surgeons *en masse*; and if any change is to be effected for the better, he must search for the principle on which this change is to be founded, in human nature itself. The fault does not rest with surgeons, or overseers, or farmers; it is a sin of omission on the part of Government;—it consists in the absence of such laws as would ensure adequate and properly-remunerated medical aid to paupers. It is an anomaly in legislation to enact laws for the support of the aged, "the halt and the blind," and yet to omit those enactments which can alone ensure for paupers necessary medical and surgical aid.

In laying the foundation of the plan, which I suggested to Parliament, the following was my line of reasoning:—Adequate medical and surgical attendance on sick and hurt paupers—on more than one million of the most helpless of the human race—can only be procured by adequate remuneration. But what is adequate remuneration? The moderate pay given to medical men by country clubs, and other institutions of the same kind, is sufficient, *with some most important regulations on other points*, to ensure adequate attendance in favour of sick paupers; because for such pay the members of those societies are well attended and duly supplied with medicine. But country clubs, it may be said,

are peculiarly constituted; they elect their own trustees, and clerks, and surgeons, the former of whom are ever jealous of, and watchful over, the "sick or bed pay," and the latter would neither be *re*-elected by the members, nor employed by their families, if they neglected the sick members. True; but let a similar rate of payment be fixed by parliamentary enactment—let the power of granting orders for attendance on sick and hurt paupers be extended to the officiating ministers and to the magistrates—let the *monopoly* of parish surgeoncies be destroyed, by causing a pretty equal division of medico-parochial labour among the *younger* as well as the older surgeons, on the principle of election by rotation. New brooms sweep clean, and in this case I am of opinion, that sick and hurt paupers would be as well attended by medical men as the members of clubs. The contract system is unsound in principle, because the less labour bestowed, the less time consumed, the fewer visits paid and journeys performed; and last, though not least, the cheaper the remedies employed, and the more niggardly furnished by the parish surgeon, the more profit will be gained by the contractor, although it must be owned that the regulations proposed, if enforced by legal means and penalties, would go far to guarantee to paupers adequate medical attendance. Still the contract system is unsound in principle, and therefore it should be abandoned wherever that can be done consistently with the existing state of the poor rate; and this can be effected in all the smaller parishes throughout the kingdom—say those having fifty paupers and under, per annum, medicines and "journeys" being charged at only half price; because the medical charges for twelve, or fourteen (or, allowing for an epidemic, twenty or thirty patients), out of fifty paupers, would not be sensibly felt by the paymasters of parishes, or objected to on the part of the agricultural interests in Parliament.

"But you allow," it may be said, "that the contract system, however much amended, is defective; why then not abolish it entirely?" I do not think a system should be *wholly* rejected because it is defective, unless it can be shown to be incapable of improvement to a reasonable and necessary extent, or one perfect in itself (humanly speaking) can be invented, and made to work well. There is a great objection to abolishing the contract system in *large* parishes, which objection would *increase in the ratio of the pauper population*, since it would lead to the employment of surgeons in *extreme cases only*, through fear of incurring expenses of no ordinary magnitude, and, frequently, *not until it would be too late to save the lives of paupers*; while, on the other hand, if as many orders for attendance were issued as were necessary, especially during a sickly season, the medical bills, (although in each instance moderate) would amount to enormous sums in the aggregate. Indeed, the bare expectation of seeing three and even four figures dangling at the bottom of the account (and in good faith it would be a well-grounded expectation) would induce the landed proprietors in Parliament to rise as one man to kick any bill, or clause of a bill, grounded on such an unguarded plan, out of the house. The plan in question, with a table of medical pay, suitable to each parish having a given number of paupers, between fifty and ten thousand, was inserted in THE LANCET for April 30th 1832, and improved to that time.

With respect to my suggestions on the necessity of establishing *small and inexpensive infirmaries* in country towns, partially founded on the principle of "self-support," on which Mr. Smith, of Southam, has since said and written so much, and speculated so ingeniously,—as that part of my pamphlet may be taken separately from the former, I will reserve my observations thereon for another communication; and as my humble efforts on both subjects have attracted the favourable attention of the talented Editor of THE LANCET, in some recent numbers of his periodical, for which he is justly entitled to my best thanks; and, lastly, as Mr. Smith has coupled my suggestions, touching small infirmaries, with what he has misnamed (as the Editor of THE LANCET has truly said) his "self-supporting dispensaries," which are to annihilate, "with one fell swoop," parish surgeoncies, from the Tweed to St. George's Channel, I may be expected to state my views thereon. This I will shortly do, with freedom and frankness, looking only to the general good. In conclusion I may observe, that the regulations above alluded to have long since been forwarded to Earl Grey.

My publications and correspondence on the foregoing subjects for the last fifteen years have been laborious and expensive; and I trust my readers will not think me presumptuous in soliciting their opinions on the proposed parliamentary regulations, either in THE LANCET or by letter, and, if possible, their powerful support, assuring them, that in the event of a better plan in favour of sick and hurt paupers being suggested, I will forsake my own, and join cordially in support of it.

Frome, Somerset, July 13th, 1833.

UNIVERSITY OF GLASGOW.

To the Editor of THE LANCET.

SIR,—Your worthy contemporary of the *Medical and Surgical Journal* must, I conceive, have the organ of combativeness powerfully developed, else he would not occasionally run a muck at different classes of his professional brethren,—a few weeks ago tilting at the general practitioners (from which, I believe, has resulted the stationary state of his "subscription list" of late), and in his last number at the Glasgow graduates in medicine. Of these gentlemen, many of whom occupy the first situations in the profession in every part of the British dominions, he has asserted that they are far inferior in learning and respectability to the Edinburgh graduates in medicine, and that the examinations for the doctorate at Glasgow are not so strict as those at the London Hall, than which statements more illiberal and mendacious never were made by any journalist. He is the first public writer that ever made such an assertion; and as an alumnus of both universities, and biassed in favour of neither, I affirm that he might with equal truth have stated that Glasgow was inferior to Edinburgh in size and population, or in the commercial spirit and intelligence of its inhabitants. The curriculum of studies required of candidates for the doctorate is, I believe, precisely the same in both universities; so also is the duration of the session, and the medical professors are equally eminent and distinguished; indeed, Thompson, Burn, Millar, Jeffrey, &c., need not shrink from a comparison with their brethren of the Edinburgh, or any other university. The Glasgow University, unlike those of Aberdeen and St. Andrew, has never, at least in modern times, conferred degrees in medicine on rich quacks, or half-educated general practitioners, who proffered the price of a diploma with a recommendation from any two physicians. Like the Edinburgh, the Glasgow University requires previous resident study of candidates for the degree of M.D., and I can assure your contemporary that the examinations are by no means pro forma. I had previously passed the ordeal of the London Royal College of Surgeons, and the Army Medical Board, for the situation of surgeon to the forces; and though at both the examiners had faithfully discharged their duties to the public, I can with truth assert, that in the private examinations which I underwent from the Glasgow professors, previous to graduation, my medical knowledge was still more severely tested. I am far from asserting that candidates, prepared by the grinders, do not occasionally pass their examinations, who are by no means doctissimi, but I am confident that this occurs just as frequently at Edinburgh as at Glasgow. The only difference between the two universities, as to graduation in medicine, is, I believe, this:—At Edinburgh the inaugural thesis must be printed;—at Glasgow, publication, though it frequently occurs, is left to the option of the candidate. Now, in this instance, the Glasgow professors, I conceive, evince their good sense; for, as very few inaugural theses are remembered a month after graduation even by their authors, much less are considered, afterwards, worthy of being referred to, like the learned thesis "De genere humano ejusque varietatibus,"—their indiscriminate publication can only benefit printers, trunkmakers, &c., and tend to foment the "cacoethes scribendi et imprimendi," which, Mr. Editor, you, I presume, have every week sufficient proofs is quite unnecessary.

Is your contemporary editor aware, that the Glasgow Royal Infirmary is second to none, even in this metropolis, in the wide field which it presents for the acquisition of practical knowledge, in the excellence of its arrangements, and particularly of the clinical lectures, many proofs of which have appeared in all the modern periodicals? Is he ignorant of the unrivalled opportunities for the cultivation of morbid anatomy, which the students have in their ready access to the Hunterian Museum—the noblest of the kind, perhaps, in the world? One circumstance, indeed, should have obtained for the Glasgow University some respect from the obstetric professor;—it set the example to Edinburgh of requiring from candidates for the degree of M.D., a knowledge of midwifery and the diseases of children.

During the meridian fame of the Monroes, Cullen, and Gregory, the Edinburgh University for medical education might justly be reckoned the first in the world; but the prestiges of those great men have disappeared, and their mantles are not considered to have fallen—at least in every instance—on their successors. As a medical school, the Edinburgh University neither claims, nor has it any right to claim, for its graduates, the slightest precedence over those of Glasgow.

The only reason, I conceive, why the Edinburgh University should be considered at all superior is, that it has the distinguished honour of having enrolled on the list of its graduates the name of Dr. Mick Ryan. I have the honour, &c.

J. KINNIER.

East Road, July 22, 1833.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

FIRST ANNIVERSARY MEETING.—DINNER AT THE BRISTOL INFIRMARY.

[From *Felix Farley's Bristol Journal* of Saturday July 20.]

YESTERDAY our infirmary was complimented with the distinguished honour of being the place selected for holding the *first anniversary* meeting of the above society, in consequence of the very numerous list of (Bristol) members, and the respectable support given to the association by the most eminent professional gentlemen of this city.

It may be recollected that this society was formed last year at Worcester, an account of which was inserted at the time in our paper; since that period about 200 gentlemen have enrolled their names in the books of the society, which now consists of nearly 400 members, of whom about 50 are residents in this city.

The principal objects of this association are—

1st. The collection and publication of useful medical and surgical information, whether speculative or practical, through original essays, or reports of cases occurring in provincial hospitals, infirmaries, dispensaries, or in private practice.

2nd. The improvement of Medical Topography.

3rd. The investigation of Endemic and Epidemic Diseases.

4th. The advancement of Medico-legal Science.

5th. Biography of distinguished Medical Characters.

6th. A retrospective annual view of Medical and Surgical Science.

7th. The maintenance of the honour and respectability of the profession generally in the provinces, by promoting friendly intercourse and free communication between its members, and by establishing among them that harmony and good feeling which ought ever to characterise a liberal profession.

Previously to the commencement of the business of the day, the exterior of the infirmary, the internal arrangement of the wards, the new buildings appropriated solely for the out-patients, the museum, the library, the lecture-room, and the whole economy of the institution, became an object of general attraction and approbation.

At eleven o'clock the Members of the Council met in the Infirmary Committee-room, preliminary to the general meeting at one o'clock, about which hour this institution presented a scene of unusual professional ardour and interest, by the arrival of nearly 200 members from different parts of the kingdom. Dr. CARRICK was unanimously called to the chair.

Amongst the company were—

Alexander, Mr., Corsham.
Alford, Mr., Taunton.
Barlow, Dr., Bath.
Baron, Dr., Cheltenham.
Batt, Mr., Abergavenny.
Beddome, Mr., Romsey, Hants.
Bevan, Dr., Monmouth.
Bird, Mr. G., Swansea.
Bisdee, Mr., West Town.
Blackmore, Dr., Bath.
Bompass, Dr., Fishponds.
Brewer, Mr., Newport, Wales.
Browne, Mr., Bath.
Burridge, Dr., Barnstable.
Carden, Mr., Worcester.
Carden, Mr., Gloucester.
Church, Mr., Bath.
Collins, Mr., Chew Magna.
Conolly, Dr., Warwick.
Conolly, Dr., Cheltenham.
Crang, Mr., Hallatrow.
Crawford, Mr., Shrewsbury.
Dick, Dr. Paris, Castle Cary.
Eastment, Mr., Wincanton.
Edwards, Mr., Wiveliscombe.
Edwards, Mr., Keynsham.
Evans, Mr., Chepstow.
Fewster, Mr., Thornbury.
Field, Dr., Worcester.
Flower, Mr., Chilcompton.
Forbes, Dr., Chichester.
Fox, Mr., Cerne, Dorset.
George, Mr., Bath.
Gill, Mr., Wolverhampton.
Gingell, Dr., Thornbury.
Golborne, Mr., Chippenham.
Gore, Mr., Bath.
Greville, Mr., Yatton.
Griffiths, Mr., Wrexham.
Griffiths, Mr. J., Hereford.
Hastings, Dr., Worcester.
Hay, Mr., Bath.
Hebb, Mr., Worcester.
Holbrook, Dr., Monmouth.
Hovenden, Mr., Bath.
James, Mr., Wrington.
Jennings, Mr., Leamington.
Kenrick, Mr., Melksham.
Kilvert, Mr., Bath.
Lloyd, Dr., Ludlow.
Lovell, Mr., St. George's.
Malden, Dr., Worcester.
Marshall, Mr., Shepton Mallet.
Martin, Mr., Reigate, Surrey.
M'Donald, Mr., Yatton.
Moger, Mr., Bath.
Morris, Mr., Worcester.
Norman, Mr., Bath.
Ormond, Mr., Bath.
Pope, Mr., Temple Cloud.

Prince, Mr., Bath.
Proud, Mr., Wolverhampton.
Rumsey, Mr., Beaconsfield.
Sainsbury, Dr., Corsham.
Seagram, Mr., Warminster.
Sealey, Dr., Bath.
Selwyn, Mr. Ledbury.
Selwyn, Mr., Ledbury.
Smith, Mr., Great Somerford.
Soden, Mr., Bath.
Spender, Mr., Bath.
Streeton, Dr., Worcester.
Sully, Dr., Taunton.
Sully, Dr., Cheltenham.
Toderick, Dr., Bath.
Toogood, Mr., Bridgewater.
Tudor, Mr., Bath.
Waldron, Mr., Bath.
Wickham, Mr., Didmarton.
Williams, Mr., South Brent.
Woodforde, Dr., Wells.

And many other gentlemen, including most of the resident faculty of this city and neighbourhood. Letters were also received from the following distinguished individuals, expressing regret at their inability to attend the meeting:—

Bornisgan, Dr., Cheltenham.
Darwall, Dr., Birmingham.
Davies, Dr., Presteign.
Goldie, Dr., Shrewsbury.
James, Mr., Exeter.
Jeffreys, Dr., Liverpool.
Jones, Dr. Phillips, Denbigh.
Johnstone, Dr. E., Birmingham.
Johnstone, Dr. J., Birmingham.
Kerr, Dr., Northampton.
Kidd, Dr., Oxford.
Lloyd, Dr., Ludlow, Salop.
Mash, Mr., Northampton.
Robinson, Dr., Northampton.
Rumsey, Dr., Amersham.
Squires, Dr., Liverpool.
Terry, Mr., Northampton.
Thackery, Dr., Cambridge.
Thomson, Dr., Stratford.
&c. &c. &c. &c. &c.

Dr. CARRICK opened the meeting with an introductory and luminous speech.

Dr. HASTINGS, Hon. Secretary to the Society, then read a Report from the Council; after which several resolutions were carried, and a Council was formed to conduct and manage the affairs of the Association. The business of the Society being so far completed,

Dr. BARLOW, of Bath, delivered an eloquent and learned address, containing a retrospective view of the state of medical and surgical science, which occupied nearly an hour. This oration was received with universal satisfaction and delight, and unanimously ordered to be inserted in the next volume of the Transactions of the Society.

The morning business being concluded, the company separated, and met again at six o'clock, with several additional members, and sat down to dinner in the spacious banqueting room at Ivatt's Hotel, when Dr. CARRICK again took the chair, and Mr. R. SMITH and Mr. HETLING acted as Vice-Presidents.

Nothing could exceed the harmony and conviviality of the party; several toasts and speeches were given during the course of the evening, applicable to the occasion, and the company did not rise from this social and intellectual entertainment until a late hour, and separated under the most gratifying prospects of meeting again next year at Birmingham, with increasing success and prosperity. There never has been, on any occasion, such an assemblage of provincial talent and character convened together either in this or any other country, and altogether forming a new era in the history of the profession.

It is but justice to Mr. Ivatts to state, that the turtle, dessert, wine, and every arrangement respecting the dinner, were such as to do him the highest credit, and consequently gained universal satisfaction.

PROPOSED CHARTER OF THE UNIVERSITY OF LONDON.

To the Editor of THE LANCET.

SIR,—The London University is looked upon by every well-wisher to the education of the people with delight. It is an antagonist that is about to try its strength with Oxford, Cambridge, and other Universities, which are based upon the exclusive principle, admitting none to their honours but upon the presumed safeguard of a peculiar creed. The giant will prevail, if he be not manacled by the chains prepared by Exclusiveness. The proposed charter will be either the developer or the destroyer of his glorious manhood. If made upon the liberal principle, that *all* can apply to be admitted to the collegiate honours of the University, *no matter where educated*, the London University will be glorious in its majesty; but if the *exclusive* principle be acted upon, and all, save those few who have been educated within the walls of the University, are to be excluded from sharing in the Collegiate honours, then the London University will be an object of disgust to every lover of freedom in science, and to every hater of monopoly.

This leads me, Sir, to express my astonishment that the *private lecturers of London* (and let it be remembered, that the

most scientific lecturers in the London University *were*, and *are still*, private lecturers) do not meet to present a memorial to his Majesty's Ministers on this point.

That a Charter will be granted to the London University I have every reason to know, and, therefore, exhort private lecturers, not simply for the sake of themselves, but for the sake of the University itself, and also for the sake of the principle of *universality*, boasted of by scientific men, to meet and prepare a Memorial embracing the points specified. Believe me, Sir, yours truly,

MEDICUS.

London, July 24th.

THE LANCET.

London, Saturday, July 20th, 1833.

In another page of our journal (p. 572) will be found a brief notice of the first anniversary meeting of the "Provincial Medical and Surgical Association."

As we have to complain, let us do so at once.

Why "*Surgical*?" Does not "Medicine" include "Surgery?" Does not surgery indicate one, and only one, of the *curative* powers of the science of medicine? If "Surgery," then, be an appropriate designation, why not *Obstetrical* Association? Why not *Ophthalmic* Association? We conjure, then, the Directors of this enlightened body, who, we firmly believe, are zealously engaged in "maintaining the honour and the respectability of the profession," to erase this blot, which now disfigures and disgraces the title of their society. The term "provincial," too, as applied to *counties*, is not correct, but this designation may be excused, inasmuch as it is not likely to prove injurious either to the efforts of the Association, or to the public mind. It is an old remark, and a very true one, that Englishmen are governed by *names*. We allow epithets materially to influence our opinions, and to regulate our conduct. It behoves all projectors, then, to be chary in the use of terms which have a tendency to convey erroneous ideas. On observing the title of this new society, many, not of the least informed portion of the community, may exclaim, "Oh! *Medical* and *Surgical*. That is, a "society consisting of two classes of indi-"viduals, one comprising physicians, the "other, surgeons, — of one set of prac-"titioners who limit their skill to the "treatment of internal diseases; of an-"other who restrict themselves to the "cure of external maladies." Thus the very title of the Association becomes the instrument of one of those delusive anomalies which it is quite certain the projectors and council are sincerely desirous of destroying. Let us hope, then, that this great society will henceforth be known by some such designation as the "British Medical Association," thus contra-distinguishing the institution from any other that may be formed essentially belonging to the metropolis, or to any one of the large cities or towns.

There will arise, we expect, immense advantages from the establishment of this association of medical practitioners; for it has often been alleged against us, and it must be acknowledged with truth, that the members of the profession might be likened to a rope of sand, no two portions acting in harmony, propelled by the same impulse, or actuated by similar objects. This complaint has often been urged by us in the pages of this Journal, having repeatedly explained what *might* be the influence of medical practitioners in society, and even in the Legislature, if, in their inquiry into abuses, they were actuated by an unity of object,—if, in proclaiming their utility, they spoke in concord,—if, in urging their complaints, their prayer for relief were sounded in harmonious accents. In short, we have a thousand times explained, that, as individuals, the members of the profession

are beloved and respected; but that, as a body in the state, from the absence of proper government, and from the monstrous division of the members into classes, their voice is not acknowledged as an authoritative voice, and both their intelligence and utility are even questioned and denied.

Until within the last ten years, some few of the hospital physicians and surgeons of London carried, and with no humble bearing, all the high "consultation practice" in England. They treated with scorn and contempt the pretensions of country practitioners, alleging, that an absence from the "fountains of medical science," as they used, most insolently, to denominate their own theatres in the metropolis—alleging, we repeat, that a distance from that learned spot was injurious to the retention of "sound chirurgical" principles. Sir ASTLEY COOPER used, about every third day, to allege in his lectures (certainly with peculiar acumen and grammatical accuracy), that "a country practitioner's knowledge became rusty." Those were his words. And the lecturer was also liberal in his commendations of *successful* operations performed by country surgeons, remarking, that *as* the operation was performed by a country practitioner, the manner in which it was executed redounded much to his credit. Those days are over, and the "consultation practice" having left Sir ASTLEY, Sir ASTLEY left Spring Gardens. It was judiciously and truly stated by the Baronet in one of his harangues at a meeting of the BAT CLUB, "that the d—d LANCET had played the devil with his practice," and that if they did not put a stop to the publication of hospital reports, in which the *failures* of the hospital surgeons of London were so incessantly exhibited, "all the "*young* surgeons belonging to the great es-"tablishments would inevitably be ruined;" that it did not matter much about the old birds, as *they* had feathered their nests' "Why," ejaculated the worthy Baronet, "there was a time when my house used "to be full of people every morning, every "one of them bringing a note from some "physician or surgeon! But *now*, almost "every second man that I meet, says to "me,—'Oh, Sir ASTLEY, I should have "'sent a case to you last week, only I "'saw that all you great gentlemen of "'Guy's Hospital had failed in treating "'a similar one. My patient was most "'anxious to go to you, but having read "'the report of ———'s case in THE "'LANCET, he said, with rather an arch "'look, "I'd rather be doing as I am "'"than submit to the treatment prac-"'"tised on ———."' I, Bailey, Ba-"bington, and Abernethy, carried all be-"fore us, the juniors in office getting a "few stragglers, or occasionally catching "a flat; but *now*, country practitioners "seeing what mistakes are committed "here, and, what is still worse, the exhi-"bition of those errors to their patients, "have almost put a stop to the great con-"sultation practice of the metropolis, by "inducing the sick to remain at home, in "the fullest confidence on their family "medical attendants." Sir ASTLEY, in pecuniary affairs, was always a sound calculator, and in all professional matters was ever a shrewd observer. He could ascertain the course of the wind without taking the trouble even to throw up a straw. The tide having set in against the monopolists and exclusives, Sir ASTLEY has long ceased to speak with apparent *wonder* of the skill occasionally exhibited by country practitioners. The poor BATS, indeed, perceiving their danger, let down their puny flood-gates to stem the impetuosity of the torrent, but, alas! these fragile inventions, intended as obstacles, were swept away by the first gush of the flood. With characteristic ingenuity, one of their contrivances consisted of paper,

on which was emblazoned, weekly, certain signs indicative of the imbecility of all medical practitioners, save the mighty and sanguinary heroes of our metropolitan hospitals. Is it necessary to descend from metaphor to refer, in homely expression, to the splitting up of the old monthly *Medical and Physical Journal* into four weekly parts, printed, but not circulated, under the continued guidance of the able and talented RODERICK? In these hebdomadal fragments, it has been uniformly the practice of the slandering editor, to turn his puny pen as significant of his puerile sneer, while contrasting surgeons in general practice with the individuals occupying medical offices in our great elcemosynary establishments. As the MOCK was printed by the aid of subscriptions from the BATS, it was natural that they should direct their hired agent to insult the mass of medical practitioners by denouncing them as unworthy of public confidence. But it was not natural that those practitioners should, under such gross insult and injustice, sit down patiently, and submit with voluntary acquiescence to the atrocious libels which were so continually directed against their attainments and respectability. Is it not evident that the founding of this new Medical Association has mainly resulted from the calumnies of the BATS and their hired agents, so pertinaciously directed against country physicians and surgeons? And now what see we? That, as a visitor or otherwise, at the first annual meeting of this great Association, there appears not a single physician or surgeon belonging to the hospitals of the metropolis. Hence we may safely infer, that the slanders have at last produced a reaction in the quarter where it was expected there would be nothing but submission and humility.

The members of the new Association, in thus relying on their own strength of character to produce a proper effect on the minds of the profession, have acted nobly and wisely. Had some half-dozen of our nepotic hospital gentry been thrust up at the head of the table at this great anniversary festival of country practitioners, the splendour and utility of the meeting would have been destroyed. Merciful powers! what a folly it would have proved had the MAYOS and the STANLEYS, and the HAWKINSES and the VINCENTS, been invited to this annual assembly, as persons entitled to the respect and admiration of the representatives of the great body of English medical practitioners! It is well to pay respect to the possessor of a highly important office, when the acquired elevation is attained by legitimate means; but when important stations are allotted to incompetent individuals by the exercise of a corrupt agency, we voluntarily inflict injury on ourselves, by honouring medical officers who are destitute of every appropriate qualification for the exalted stations they are permitted to occupy.

If it be true that knowledge is power, it is equally true that union is power, as it unquestionably leads to the acquisition of knowledge. By entering this Association, country practitioners will now learn their strength, and having once ascertained it, who can doubt that their influence will be properly exercised?

The objects set forth in the prospectus will not be the only ones which will engage the attention of this respectable body of men. As law, in civilized society, is above every individual consideration, and must ever prove the rule of conduct in all professions, so does it follow that if the statutes for the government of any profession be defective, the members of that branch of society must labour under impediments to their usefulness. In short, the inconveniences resulting from such defective legal arrangements must be manifold, embracing in its consequences the precarious tenure of corporate rights,

and the constant insecurity of professional reputation. As at present circumstanced, the heads of our medical corporations, instead of proving the protectors, are the persecutors of the profession, and would seem to devote the chief of their time to devise means to check the course of improvement, by adding to the expenses of medical education. It is to be hoped, therefore, that this Association will immediately direct its attention to the subject of an efficient medical reform,—that it will set in motion the whole of its extensive connexions, ramifying throughout all the counties of England, with a view to assist Mr. WARBURTON and his coadjutors in the House of Commons in prosecuting an inquiry into medical abuses at the commencement of the next session of Parliament.

THE subjects mentioned by MEDICUS at page 573, are entitled to serious consideration. We are most friendly to the University of London, but we are most decidedly opposed to the granting of exclusive privileges. Our correspondent has forgotten, we think, that the granting of a degree does not confer the right of practising as a physician, surgeon, or apothecary, and it is utterly impossible that, in the present enlightened state of society, any body of teachers can be allowed to confer such a privilege on their pupils. There must be some check interposed between the instructors and the instructed, otherwise the public would, *in the end*, be sure to be sacrificed, either to the cupidity of lecturers, or the ignorance of their pupils.

WESTMINSTER HOSPITAL.

FRACTURE OF THE SKULL, PRESSURE, AND DEATH.

Richard Rawlins, a shoemaker, aged 68, walked out early on the 1st of July, to see the new Hungerford Market. According to his comrade's account, he was a little *fresh*, and fell into a cellar. He was insensible when drawn out, and was carried into the hospital at ten o'clock.

When first seen by Mr. W. Lynn, the surgeon on duty, his breathing was stertorous; mouth expanded; eyelids half closed; right pupil dilated, left contracted to the size of a pin's point; tongue coated with a dark tenacious mucus; pulse 60, feeble, intermittent. The scalp, when shaven, exhibited a large tumour, involving the whole of the left side of the head. A long incision was made by Mr. W. Lynn through this tumour down to the bone, but no fracture could be detected. A quantity of black blood issued continually from the left meatus auditorius externus. The patient was utterly unconscious, and could not be made to understand the loudest question. He had, however, sensation of skin, for he was slightly sensible when cut. Mustard poultices were applied to his feet, and reaction was promoted by internal stimulants.

A gentleman, calling himself a *consulting chemist*, came to see the patient soon after admission, and said he had bled him to sixteen ounces immediately after the receipt of the injury, and before any attempt at reaction had been set up. The patient was stimulated by externals and internal medicines without effect. It was evident that much pressure was exerted on the brain, and considered as owing to effusion from fracture of the basis cranii. The patient died in the evening. On being examined next day, a fracture was discovered extending from the left ala major of the sphenoid bone, in a zigzag direction to the ala of the other side, making its way through the petrous part of the temporal bone, and across the body of the sphenoid, lacerating in its progress the inferior petrosal sinus. It was from this the hemorrhage from the ear proceeded. The effect of the contre-coup was also remarkably distinct, a great effusion having taken place on the right hemisphere of the brain, from laceration of the returning veins. The pressure of the coagulum had completely disorganized the subjacent cerebral substance. It was thought a singular circumstance by the by-standers, that the pupil of the *opposite* eye to that on which the greatest injury had taken place, should have been so much contracted, whilst the pupil of the *same* side was proportionately dilated.

PNEUMONIA COMBINED WITH ERYSIPELAS.—USELESSNESS OF THE BLUE OINTMENT AND LOTIONS.—EFFICACY OF WARM-BATHS, FOMENTATIONS, &c.

Thomas Evans, ætatis 37, admitted under Sir G. Lemon Tuthill, M.D., 14th Sep-

tember. He had had cough, occasional pain under the sternum, and dyspnœa, for a month, and had neglected himself, but these symptoms becoming aggravated, he was driven to this hospital for assistance.

15. His cough is frequent; he expectorates copiously a glairy frothy phlegm; a râle crepitant is evident in both thoracic cavities, but most distinct towards either lung; bowels open; tongue clean and rough. To be bled to twelve ounces immediately. The following powder to be taken directly after being phlebotomized, and two tablespoonfuls of the subsequent mixture to be swallowed every four hours. Take of

Powdered rhubarb gr. xv;
Calomel gr. iv. Mix.

Take of

Camphor julep 6 ounces;
Solution of acetate of ammonia 1 ounce;
Ipecacuanha wine 4 drachms. Mix.

19. The pneumonic symptoms are less urgent; acute pain and tenderness in the right axilla; redness over the margin of the pectoralis major, presenting an erythematous character; the bowels are opened; stools graveolent; venesection to sixteen ounces; poultice of bread-and-water to be applied to the inflamed surface.

20. The local affection is now decidedly erysipelatous, extending from the posterior margin of the axilla forward over the pectoralis major, and downward as far as the seventh rib; pulse 102, feeble; the cough induces acute pain in the affected part; he expectorates freely; tongue pyramidal, red at point and on the sides, and having two longitudinal streaks of brown fur on its dorsum; bowels open once; stool loose. He slept tolerably last night; he looks fatigued and feels debilitated; he is to continue the poultice and the diaphoretic mixture; a calomel bolus to be taken at night, and house-physic in the morning.

21. The pneumonia is better; he expectorates a good deal of phlegm, but having a cough, the motion of the thorax is exceedingly painful, by reason of the superficial inflammation. The erythema has spread in all directions, upwards as far as the shoulder, downwards to the abdomen, and sinistral over the thorax; pulse 96, regular, compressible; countenance anxious; tongue still furred; bowels open; he slept well last night. To continue the poultice, and to have the following mixture three times a day. Take of

Spirits of nitre 1 ounce;
Aromatic confection half an ounce;
Camphor julep seven ounces.

Mix, and take an ounce for a dose.

24. The erythema has expanded in all directions; the patient is irritable; pulse 100; skin dry, and pungently hot; bowels, however, open. Pursuant to the advice of one of the surgeons, the inflamed surface is to be dressed with pledgets of the strong blue ointment.

28. Not the slightest effect produced by the blue ointment; the erythema is more intense and extensive. Sir George has consequently ordered it to be discontinued, and lotions to be continually applied to the surface affected.

Oct. 1. Temporary relief experienced from the use of the lotion, and the inflammatory tunic has shifted itself gradually over the back and shoulders, and having left the right, now involves the whole of the left side, from the superior margin of the clavicle and scapula downwards as low as the floating ribs. The margin of the inflamed space is elevated and abrupt, but no vesications have yet appeared on the surface.

3. The pneumonic symptoms increasing, the patient was, by order of the apothecary, placed in a warm-bath at 102° Fahr., and much relieved; two grains of calomel, every four hours, were ordered by the same gentleman; the bowels were, consequently, much purged; the breathing became less frequent, and the pain of the chest disappeared.

4. The patient has slept inordinately. The boundaries of the erysipelas have rather extended, but the colour is much paler, and the pain less; his countenance is tranquil; tongue clean, moist, and of natural size and colour; bowels open; stools still offensive; pulse 100, soft, and regular; skin dry; he expels his urine freely, and its colour is high; he feels an appetite for food; the calomel to be taken every two hours, and alternate fomentations and light poultices to be resorted to.

6. Slight anxiety of countenance; the alæ nasi expand widely; upper lip drawn tight across the teeth; lips and gums dry; tongue spear-shaped, moist, and red; the respiration jerky, 37 per minute; he has a slight cough still, and expectorates about two ounces of viscid mucus per diem. The skin is dry, and the cuticle is exfoliating on the back and right side; the eruption is much paler, and extends irregularly forwards over the thorax; the pain is moderate; an apastemation has taken place in the thenal aspect of the right arm over the biceps, and fluctuation is evident; pulse 96, soft, regular, and easily compressible; he has thirst and no appetite; bowels well open; stools not offensive; urine copious and high-coloured, without sediment. To continue the calomel pills, and to have fifteen grains of an-

timonial powder at bed-time. Fomentations, &c., continued.

7. The erysipelas now invests the right hip and iliac region. The colour is not vivid, but the demarcation is clear. He lies on the left side; his face is tranquil, and the facial muscles relaxed; the teeth and gums are dry; the tongue is cupped and pointed, and its surface dry and glazed. He calls for wine, and has eaten, with a relish, of toast and strong beef tea. The antimonial powder exhibited yesterday acted powerfully on the bowels; the stools were not offensive. His breathing is unequal, on the average 35 inspirations per minute. He still expectorates thick mucus; the pulse is variable, generally about 100, and easily compressed; skin dry, but of general temperature; micturition natural. Fomentations as before.

8. He has slept well. The apostema in the right arm has been absorbed to a great extent. The cuticle is desquamating; right elbow-joint covered with erysipelas. Continues the remedies.

10. The erysipelas has reached the head, and involves the right ear, a part of the adjacent scalp, and the whole cheek. There is less anxiety. The tongue is moist and free from fur; inappetency; bowels open; stools dark and graveolent; cough frequent and more energetic. He still brings up a good deal of thick mucus. The skin is dry, and desquamation continues on the parts that have been affected, but the skin feels in every way natural where the eruption has not yet reached. Pulse 102, regular, compressible.

12. The whole of the right forearm is now invested with this herpetic disease, but it has not much extended on the head; the opposite ear, however, has become affected. The efflorescence in the hip already noted has disappeared. The phlegmonous apostema alluded to in the right arm, and which continued for some time to retrograde, has again become vivid, and includes a larger portion of the limb. The cough is looser and less frequent; pulse 90 and soft; skin smoother and more pliant; tongue clean, moist, very smooth, and of natural tint. He expresses a wish for mutton. He has much thirst; his bowels are well open. He is to discontinue the calomel, and to take the diaphoretic mixture first quoted.

14. The erysipelatous tumefaction now covers both sides of the face. The medicine has produced much vomiting, and now excites nausea. Bowels are open; tongue clean; pulse 84, soft; cough troublesome, disturbing his rest. He has occasionally an appetite, which, however, is soon satiated with a piece of bread-and-butter.

16. A patch of red on each cheek, unconnected with the erysipelas, which is now situated on the top of the scalp. He sleeps well, and his mind is tranquil. The breathing is but a little accelerated, the cough is less frequent and less urgent, and the expectoration is free. Tongue clean and natural; appetite returning. He has eaten a mutton-chop to-day, and feels no inconvenience. The bowels are open; stools loose and offensive; cuticle scaling over the entire trunk and the upper limbs. The apostema in the right arm has again receded. Pulse 84, soft, and regular.

18. The phlegmonous tumour in the right arm is again increasing; pus manifestly forming; erysipelas on the scalp dying off; bread-and-water poultice to the arm.

24. The surface is entirely free from the inflammation; a considerable quantity of laudable pus has been let out from the apostema already alluded to. The morbid constitutional action seems to have ceased entirely, and the patient is gathering strength. He is placed on full diet, and is allowed porter and wine.

Nov. 4. The patient continued to amend daily, and acquired strength and fulness of habit; but a catarrh occurring yesterday, with inflammatory diathesis, he is taken off full diet, &c. and reduced to strict antiphlogistic regimen. The diaphoretic mixture is also resumed.

10. The energetic measures mentioned, soon subdued the tendency to relapse, and the catarrh has almost entirely disappeared. The patient is on nutritious diet, and may be pronounced convalescent.

In this case the pneumonia and the erysipelas were concurrent, and considerable nicety was consequently required in subduing by one process the two morbid actions. The indications of treatment were occasionally, to all appearance, contradictory; the alterative action of the calomel was decidedly beneficial, and was well seconded by the influence of the warm-bath upon the resilient constitution of the patient. The blue ointment was palpably inefficacious, and the cold lotions evidently aggravated the pectoral malady. To the bleeding, then, in the first instance, to the subsequent judicious purging, to the alterative effect of calomel, and to the assiduous application of warmth and moisture to the surface, are to be chiefly ascribed the favourable result of the case.

NOTE FROM MR. WATKINS.

Mr. George Watkins will feel himself particularly obliged by the Editor of The Lancet inserting his observation on the report of the case entitled "Bleeding with a Vengeance,"—that it were much better if the correspondent of The Lancet *confined himself to truth* in his statement of the case, as far as he (Mr. W.) was concerned. This, it is to be hoped, is plain language enough for any gentlemen, should he consider himself such.

London Hospital, July, 22, 1833.

*** We willingly afford Mr. Watkins the satisfaction of inserting his letter, but would rather that he had pointed out the error which he considers our reporter has committed.

NEW MEDICAL SOCIETY.

At a meeting of medical practitioners and pupils, held at the Gerrard Street School on Thursday evening, July 18, in pursuance of public advertisement, Dr. Epps in the chair, the following resolutions were proposed and carried unanimously:—

1st. That the meeting be called the "London Medical Association."

2nd. That members on enrolling their names do pay a fee of half-a-crown.

3rd. That members be allowed to introduce an unlimited number of medical and non-medical visitors to the Association, communicating the names and addresses of the same to the President.

4th. That there be no fines connected with the Association.

5th. That the object of the Association be twofold;—first, to protect the rights and privileges of medical practitioners and pupils;—secondly, for the furthering of medical science by the discussion of the articles which appear in the various medical journals.

6th. That the first meeting of the Association be held on Friday, the 26th of July inst., at eight o'clock in the evening.

7th. That Mr. W. Meade be appointed Hon. Secretary to the Association.

8th. That the thanks of the meeting are due, and are hereby given, to Dr. Epps, for his dignified conduct in the chair.

Recognition of French Certificates at the Navy Board.—Sir William Burnett last week told a medical gentleman, who was on the eve of preparing for examination at the Navy Board, that as there was great hindrance to the prosecution of anatomy at present in London (from the want of subjects), that he had better go to Paris to dissect, and that if he did so, he (Sir William) would, on the return of the student to London, receive his French certificates at the Board.

At the late conference of hospital lecturers at the house of Dr. Hue, Roderick cried so bitterly at the alarming prospects of the St. George's School, that future meetings of the same coterie in Guilford Street, are to be called the "Hue and Cry Meetings."

Earwigs.—The eel-backed Sir Harry has again been at his courtly work, labouring most zealously to defeat the objects of all medical reformers. This writer of delusive bulletins has of late paid several visits to Lord Brougham, in the hope of obtaining the Chancellor's assent to the appointment of a Royal Medical Commission. On one occasion he was accompanied by the modest author, as the Representative of the Council of Lincoln's Inn Fields. In pleading the cause of the monopolists, the slippery-tongued plausibility of Sir Harry contrasted most ludicrously with the brusque tone of the modest author. The Chancellor listened with patience, promised to examine the papers, and give his decision on a future occasion. In a word, Lord Brougham knew his visitors. Mr. Brodie, although one of the gentlemen selected by the Council, did not attend.

Note to the Editor.—"Pray, Mr. Editor, do say something for the new Medical Association in Gerrard-street. A word from you, in favour of the embryo Association, will be a specific equal to the ergot of rye in propelling the fœtus forward."—*Editor.* "The tree must be known by its fruit."

The letter on the operation of lithotomy, performed in a "Western city of Scotland," was inserted after a delay of three weeks, as the promised account of the operation by the party most interested was not forwarded to us.

The blockhead who addressed a note to the Editor, signed "Jarret Dashwood," has not yet made us acquainted with his "local habitation" if he have one.

Medicus may enter in January, and the two years will be sufficient.

We thank *Mr. H. B. Burford* for his polite attention, but the only thing curious in the case he has forwarded from Mr. John Grantham of Crayford in Kent, is, that the man survived the shot one minute. In the treatment there was nothing peculiar.

The letter of *Mr. L. Burke* shall be placed in the hands of our reporter, who will furnish us with his remarks previous to its publication.

A Subscriber. The lithograph engravings will of course be continued, and the next will give a representation of Sir Charles Bell.

We will consider the suggestion of *J. A. W.*